CONTRACTOR OPERATIONS MANUAL

for

PREADMISSION SCREENING

and

RESIDENT REVIEW/MENTAL ILLNESS

(PASRR/MI)

LEVEL II EVALUATIONS

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SECTION I

INTRODUCTION

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CONTRACTOR OPERATIONS MANUAL

PREADMISSION SCREENING AND RESIDENT REVIEW FOR MENTAL ILLNESS: LEVEL II EVALUATION

SECTION I

GENERAL OVERVIEW

A. INTRODUCTION

This manual is designed to assist the Contractor in providing basic descriptive and procedural information in performing, documenting and completing the terms of its contract with the Department of Mental Health (DMH) for Preadmission Screening and Resident Review for Mental Illness (PASRR/MI) Level II evaluations. It is intended for use by the:

- Contractor
- Evaluators contracted to perform the Level II evaluation
- DMH staff who make Level II determinations

B. LEGAL BACKGROUND

Federal Public Law 100-203, the Omnibus Budget Reconciliation Act (OBRA) of 1987 (Nursing Home Reform Act), effective January 1989, revised statutory provisions governing certification standards and enforcement procedures applicable to nursing homes. These provisions require Preadmission Screening and Resident Review (PASRR) for all individuals initially entering nursing facilities (NFs) to determine if the individual is mentally ill. In the area of mental health the specific concerns regarding the mentally ill were: inappropriate placement in NFs, occupancy of beds needed by the frail elderly, and failure to receive needed psychiatric treatment.

In October 1996, Public Law 104-315 repealed the Annual Resident Review portion of the PASRR requirement. In its place the statute requires states to perform a Resident Review (RR**)** for a significant change in a individual's physical or mental condition when noticed by the facility through a new PASRR Level I screening document.

The federal Americans with Disabilities Act ("ADA") prohibits discrimination by governmental entities in the provision or administration of public services, programs or activities. In 1999, the U.S. Supreme Court ruled that the unnecessary segregation of people with disabilities in institutions is a form of disability discrimination. In *Olmstead v. LC*, the United States Supreme Court concluded that public entities are obliged by the ADA to provide community based services for persons with disabilities who would otherwise be entitled to institutional services when (i) treatment professionals have determined that community placement is appropriate; (ii) the individual does not object to community placement; and (iii) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities. Under federal regulations implementing Title II of the ADA, persons with disabilities are to be provided services "in the most integrated setting appropriate" to their individual needs.

In April 2002, the California Health and Human Services Agency (CHHSA) Long-Term Care Counsel directed its staff to develop an *Olmstead* Plan for California. In addition, the Trailer Bill to the Budget Act of 2002 (AB 442) required CHHSA to develop an *Olmstead* plan following guidelines specified by the federal Center for Medicaid and Medicare Services (CMS). As part of its continuing efforts to facilitate the community placement of persons with disabilities, the *Olmstead* Plan provided that the Department of Health Service (DHS), with DMH, would modify the PASRR Level II process to assist evaluators by providing more specific references to community placement, to include more detailed information about waivers and other community resources, and to provide Level II evaluators with specific training about waivers and community placement alternatives. This manual has been amended to include information pertinent to the State's continuing response to the *Olmstead* decision, with specific reference to the revised PASRR Level II evaluation form.

Evaluation for and provision of mental health services in California is consistent with the philosophy, principles and practices of psychosocial rehabilitation and recovery. The mission and values of the State's mental health system emphasize client choice, cultural competence and the capacity of all persons with psychiatric disabilities to learn and improve.

In California, the Department of Health Services (DHS) is the State Medicaid agency responsible for the implementation of the PASRR process. DMH, the State Mental Health Authority (MHA), is responsible for the Level II process. The statute requires that the Level II evaluation be performed by a qualified, independent, third party entity.

C. PURPOSE

The purpose of the PASRR/MI Level II evaluation is to assess and gather data on individuals in Hospital/NFs who are suspected of or diagnosed as seriously mentally ill. The psychiatric, psychosocial and physical examination becomes the basis on which the DMH will make mental health treatment and level of care decisions. The goal of this evaluation is to assure appropriate placement of individuals identified as seriously mentally ill and those who require specialized services.

The PASRR evaluation process consists of two parts, Level I and II.

1. Level I: The Level I screening is initially conducted as required by DHS, by staff at the sending facility or hospital, the treating physician, or the NF staff on admission. The Level I is required for all individuals admitted or seeking admission to Medicaid-certified NFs. This screening is a requirement of the

DHS Treatment Authorization Request (TAR) process for Long-Term Care facilities..

Individuals identified in the Level I screening as suspected of or diagnosed as seriously mentally ill are referred to DMH for the PASRR/MI Level II evaluation.

2. Level II: The PASRR/MI Level II evaluation consists of an in-depth physical, psychosocial and psychiatric evaluation of the individual.

   The objectives of the Level II evaluation are:

   a. Determine the individual's need for specialized services (SS).

   b. Confirm the presence of serious mental illness.

   c. Determine the individual's need for NF level of care.

   d. Assess the potential for the individual's placement in a less restrictive placement or a community setting.

   e. Determine the individual's need for less-than-specialized mental health services.

D. DISCLAIMER

The listing of the various services in the manual is not intended to be an all-inclusive list, but instead serves as a general guide for the evaluators in making recommendations to treating professionals. Descriptions of services are intended to serve as a summary of existing services in California, and are not intended to create enforceable rights. If any description set forth in the manual is inconsistent with statutes, rules, or regulations, the statutes, rules, or regulations control. If California no longer offers a particular service listed, this manual provides no independent basis for consideration of provision of the service.

SECTION II

GENERAL INSTRUCTIONS

SECTION II

GENERAL INSTRUCTIONS

To facilitate the successful performance and completion of the Level II evaluation, the following information is provided for your reference and to highlight the critical components that are required.

1. **LEVEL II REFERRAL AND DMH ID:** Within three days following the receipt of a Level I referral, the referral will be reviewed and transmitted to the Contractor for performance of a Level II evaluation.

   Each referral is provided a unique DMH ID identifier, which provides anonymity and identifies a specific individual and episode. This number is the basis on which reimbursement is made. It is critical that the DMH ID is accurate and is recorded in the space provided at the top of each Level II evaluation page.

2. **SCHEDULE APPOINTMENTS:** Following receipt of the Level II referral, the Contractor must contact the facility to:

   a. verify the examinee is a current individual in the Hospital/NF,

   b. ascertain whether the individual has a conservator,

   c. ascertain if the individual has any special communication needs, such as needing an interpreter,

   d. ascertain if the individual is physically and mentally capable of participating in the evaluation, and

   e. collaborate with Hospital/NF staff to notify legal representative and family member , and request their participation in the evaluation, if available, and individual to be evaluated does not object.

3. **EVALUATOR VERIFICATION OF INDIVIDUAL'S STATUS:** The evaluator will schedule the Level II. Twenty-four hours prior to visiting the Hospital/NF, the evaluator shall:

   a. verify the individual is available for the evaluation,

   b. verify individual is physically and mentally capable of participating in the Level II, and

   c. verify the availability of other persons, if any, participating in the evaluation.

   The evaluator shall schedule appointments between 7:00 AM and 7:00 PM to minimize disruption to the resident and the facility.

4. **ACCESS TO INDIVIDUAL AND INDIVIDUAL'S CHART:** The evaluator will require access to the individual and to the individual's medical records, the conservator, if any, and family members, if available and the individual does not object, to complete the Level II evaluation. This includes information contained on the Resident Assessment (RA) and Minimum Data Set (MDS) (Appendix I).

5. **PASRR/MI LEVEL II EVALUATION DOCUMENT, MH 1733 (10/03)** The evaluation protocol (Appendix II) is used to record information obtained from a comprehensive interview, and evaluation of the individual's past and current psychosocial, physical and mental status.

   It is crucial that the individual's DMH ID number is recorded in the space indicated.

6. **LEVEL II CATEGORIES:** The Contractor shall complete all elements of the Level II document as specified by DMH.

   a. COMPLETE: A Level II evaluation that includes all required elements of the MH 1733 document.

   b. SUSPEND: A Level II evaluation that is interrupted and/or cannot be performed for reasons beyond the control of the evaluator.

   c. ATTEMPT: A Level II evaluation that is referred by DMH but cannot be scheduled for reasons beyond the control of the contractor.

7. **LEVEL II TIMELINES:** The Contractor shall complete the Level II evaluation and electronically transmit all required data to DMH within the timeframes specified below.

   a. PREADMISSION SCREENS (PASs): Level II evaluations (complete, suspend and attempt) shall be performed and transmitted within **seven (7) calendar days (excluding holidays)** from the date of receipt of the Level II referrals.

   b. RESIDENT REVIEWS (RRs): Change of status Level II evaluations (complete, suspend and attempt) shall be performed and transmitted within **ten (10) calendar days (excluding holidays)** from the date of receipt of the Level II referral.

   c. EMERGENCY REFERRALS: (ERs): Level II evaluations (complete, suspend and attempt) shall be performed, reviewed, certified and **faxed to DMH with data within 24 hours of receipt of the referral by the contractor. ERs shall be entered, verified and electronically transmitted with the Level II data within three (3) calendar days (excluding holidays)** from the date of the receipt of the Level II referral.

   d. SPECIALIZED SERVICES: PAS, RR, and ER Level II evaluations for whom the Contractor has recommended Specialized Services (Appendix III), shall be reviewed, certified and **faxed to DMH with the data within 24 hours of the completion of the Level II evaluation. Specialized Services cases shall be entered, verified and electronically transmitted with the Level II data within three (3) calendar days (excluding holidays)** from the date of the completion of the Level II evaluation.

8. **RECORDING INFORMATION/FINDINGS:** Use a **dark ink pen**. Every item must be completed and is allotted a specific number of spaces to be filled in or checked. **LEAVE NO ITEMS UNANSWERED**.

Record the information and findings in sufficient detail to permit DMH clinicians to make treatment and level of care decisions. Use the comment section, Item 85, to record additional, pertinent information not included in the other sections of the form, such as reason for admission, and to describe inconsistencies in the clinical data. Explain differential diagnoses in item 87, following item 86, the DSM IV TR Multi-Axial classification (Appendix IV).

A few sections request information or comments of an open-ended nature. The information must be **legible and accurate**. If an error is made, draw a line through the item and enter the correct information and initial the change. **DO NOT white out mistakes**. Evaluator writing must be legible for accurate key data entry.

Modify and supplement suggested interview questions in the mental status examination to probe for details whenever necessary. In asking questions, be aware and sensitive to the cultural differences of ethnic groups.

When completed, the Level II evaluation should provide a current, consistent and comprehensive picture of the individual's medical and psychosocial symptoms and level of function from which valid and reliable diagnoses, treatment, and level of care recommendations can be made.

9. **COMPLETED LEVEL II EVALUATIONS:** For purposes of this contract, a completed Level II evaluation is one in which the individual was able to participate in the assessment process to the extent that the evaluator(s) could accurately complete all required items of the MH 1733.

In these cases, the Level II evaluation is considered complete and reimbursable, when:

a. The Level II evaluation has been reviewed and signed off by qualified personnel as complete, accurate, current, and clinically consistent.

b. The data from the MH 1733 is key entered and verified independently by two key data entry personnel, and electronically transmitted to DMH.

c. The Level II evaluation is reviewed by DMH and found to be complete, accurate, clinically consistent and meets all applicable standards. More specifically:

   1) The diagnosis(es) shall be consistent with the individual's history and current symptomatology.

   2) The level of care shall be compatible with the individual's medical/nursing needs, psychiatric needs, behavior and level of function.

3) The treatment recommendations shall be consistent with the diagnosis, clinical symptoms and cognitive abilities.

4) The evaluator's comments shall explain any clinical inconsistencies or unusual circumstances which require special consideration.

Should DMH determine that a Level II evaluation does not meet any of the criteria noted above, 9. a through c, DMH will contact and inform the Contractor of the contradictory or missing data, and the Contractor will have <u>three working days</u> to correct or provide the required information.

Reimbursement will be withheld until all requested data are provided and the information is accurate, current and clinically consistent as described above.

10. **DOCUMENTATION OF COMPLETION:** Reimbursement for a completed Level II evaluation requires the evaluator to document the completion of a Level II evaluation on the PASRR Screening Document, DHS 6170, under Section X, in the lower right corner (Appendix V). This form should be contained in the individual's chart.

If the DHS 6170 is NOT in the chart, complete and sign the appropriate DMH form, PASRR/MI Level II Evaluation - Documentation of Completion (Appendix VI), and affix in the individual's chart.

SECTION III

PASRR/MI LEVEL II EVALUATION

COMPLETION OF THE MH 1733 PROTOCOL

SECTION III

COMPLETION OF THE PASRR/MI LEVEL II EVALUATION

To assist in the completion of the Level II evaluation, each item will be referenced as it appears on the PASRR/MI Level II Evaluation Document, MH 1733 (10/03), (Appendix II).

A. REASON ASSESSMENT WAS NOT COMPLETED

Check the appropriate box to indicate the reason the assessment was not performed or was suspended. Use the space provided to enter the reason category for the attempt or suspend (see categories below).

1. Attempt: An attempted Level II evaluation occurs when the Hospital/NF is contacted and it is determined that the individual's evaluation cannot be scheduled because of one or more of the circumstances listed below.

   (a) For the following categories, the Contractor shall complete items 1, 2 or 3, 4, 5, 6, 8, 9, 13, 14, 15 and 85 as applicable.

Reason Category	Data Entry Code
Absent without leave (AWOL) from the facility	A
Discharged	D
Expired	E
Hospitalized	H
Never admitted to the assigned facility	J
On pass from the facility	S
Physical condition precludes the evaluation	P
Primary diagnosis of documented Dementia	G
Duplicate referral to contractor	M

   (b) All Attempted Level II evaluations shall be key entered and verified by two independent key data operators and electronically transmitted to DMH.

   (c) An Attempted Level II evaluation is considered complete and reimbursable when all required elements have been performed.

2. Suspend: Suspends occur when a Level II evaluation cannot be performed or completed after the Contractor has followed all preparatory contact with the facility to verify residence, the evaluator has called 24 hours in advance of the visit to verify the individual's status, has scheduled an appointment, has Hospital/NF staff communicate the scheduled appointment to the appropriate shift and has traveled to the facility to keep a scheduled appointment.

(a) The following Suspend categories shall be documented by completing Items 1, 2 or 3, 4 through 15, 85, 90a, 90b, 91, 92, and 93. Use Item 85 to indicate date of discharge or expiration.

Reason Category	Data Entry Code
Discharged	D
Expired	E

(b) The following Suspend category shall be utilized when the evaluator has traveled to the facility to evaluate the individual, only to find that the individual is obviously demented and is unable to participate in the evaluation now or is unlikely to do so in the near future (next three months).

This category shall be documented by completing items 1, 2 or 3, 4-15, 68-75, 85, 90a, 90b, 91, 92, and 93 of the MH 1733 form. Item 85 is to be used to elaborate any important aspects of the individual's condition related to the Dementia.

Reason Category	Data Entry Code
Primary diagnosis of Dementia	G

(c) The following Suspend categories will require a follow-up evaluation when the reason for the individual's unavailability is resolved and has been assigned a new DMH ID. The categories shall be documented by completing items 1, 2 or 3, 4 through 15, 85, 90a, 90b, 91, 92, and 93 of the MH 1733. Use Item 85 to explain the circumstances why the individual was unable to keep the appointment previously made by the evaluator.

Reason Category	Data Entry Code
Absent without leave (AWOL) from the facility	A
Hospitalized	H
On a pass and not available	S

(d) The following Suspend category will require a follow-up evaluation when the reason the evaluator was denied entry to the facility is resolved and a new DMH ID is assigned. The categories shall be documented by completing Items 1, 2 or 3, 4, 5, 6, 8, 9, 13, 14, 85, 90, 91, 92, and 93 of the MH 1733. Use item 85 to explain the circumstances why the evaluator was denied entry to the facility.

Reason Category	Data Entry Code
Evaluator denied entry to facility	C

(e) The following Suspend categories will require a follow-up evaluation when the reason for the individual's unavailability is resolved and has been assigned a new DMH ID. The categories shall be documented by completing items 1, 2 or 3, 4-21, 22-23 if there is a conservator, 68-75, 85, 86, 87, 90a, 90b, 91, 92, and 93.-

If the reason code is "F", for a treatable Dementia, also complete Items 71-75. Use Item 85 to explain why the individual is mute, how the individual was uncooperative, what about the individual's condition precluded completing the assessment or other pertinent information not described in the required items.

Category	Data Entry Code
The individual has a treatable Dementia.	F
The individual is mute.	K
The individual is uncooperative or refuses the assessment.	N
The individual's physical condition precludes the assessment.	P
The individual is delirious.	Q
The individual's conservator expressed interest in participating, but was not available to participate in the assessment.	R
The individual or the individual's legal representative, if any, agreed to participation of family member(s) in the assessment process, and the family member(s) expressed interest in participating, but was not available to participate in the assessment.	T

All cases of Suspended Level II evaluations shall be:

- Certified and signed by the Medical Director (Item 92), and
- Certified and signed by the Quality Assurance Director or Medical Director (Item 93).
- Key entered and verified independently by two separate key data entry personnel, and electronically transmitted to DMH within specified timeframes.

All Suspended Level II evaluations shall be considered complete and reimbursable when, upon review by DMH, all required items are present, the clinical data support the reason for which the Level II was suspended and the information requested in Item 85 is provided.

B. IDENTIFICATION

Record biographical and identification data.

01. DMH ID Number

Record the DMH ID number in the space provided on each page. The DMH number is a unique reference that provides anonymity, identifies a specific episode and is transmitted with each referral.

02. Medi-Cal ID Number

Record the assigned 14-digit Medi-Cal ID number or 10-digit Benefit Identification Card (BIC) number in the space provided. Usually you will find this number on the "Medi-Cal Eligibility Form" or on the Level I form. Any change to these numbers should be indicated and entered in the space provided. If not applicable, mark N/A.

03. Social Security Number

Enter the 9-digit Social Security number. If not applicable, mark N/A.

04. Individual's Name

Enter Last, First, and Middle Initial. Any changes to the individual's name should be entered in the space provided.

05. Date of Birth

Enter date of birth.

Example: May 27, 1940

MM 05 DD 27 YYYY 1940

06. Sex

Check appropriate box for sex.

07. Language Utilized for the Evaluation

Indicate the language used by the evaluator to complete the evaluation.

a. Indicate if the individual being evaluated was fluent in this language.

b. Indicate if the individual used this language.

c. If used, record name of interpreter, and

d. Indicate relationship of interpreter to the individual.

e. Individual’s Language: Indicate the language used by the individual during the evaluation.

08. a) Facility Name
b) Facility Number

09. Facility County Code

Enter two-digit County Code of the facility as indicated in Appendix VII.

10. Date of Current Hospital/NF Admission

Enter date of admission to current facility.

11. Months in Current Hospital/NF

Enter the total number of months in the current Hospital/NF.

12. Legal Class

Enter the legal class code from the following list. Some individuals in the Hospital/NF are admitted to the facility by court order and, therefore, their discharge or release to the community is based on judicial disposition. It is important that the evaluator reports the accurate judicial classification of individuals with penal code (PC) status.

05 Temporary Conservatorship
09 Conservatorship
11 Voluntary
14 72-Hour Detention (5150)
16 14-Day Certification (5250)
22 Not Guilty by Reason of Insanity (NGI) (PC 1026)
24 Incompetent to Stand Trial (IST) (PC 1201)

13. Date of Level I Evaluation

Enter the completion date of the Level II evaluation as indicated on the PASRR Level I screening form (DHS 6170). If the Level I form cannot be found, write the date and sign the DMH form for this purpose (Appendix VI), and leave it with the chart.

14. Date of Level II Evaluation

Enter the date when the Level II evaluation was performed.

15. PAS/RR/ER

Indicate whether current Level II evaluation is pre-admission (PAS), resident review (RR) or emergency review (ER).

16. Date of Last MDS

If applicable, enter date of most recent MDS as indicated on Section R (see Appendix I). Record name of other assessment document and its date, if no MDS is available for the individual.

17. Admitted From

    Identify place from which the individual was admitted prior to entry to place of evaluation. See MDS Section AB.2 for options.

18. Zip Code of Prior Primary Residence

    Enter zip code of individual's residence prior to hospital/nursing facility, if known.
    See MDS Section AB.2 for options.

19. Occupation

    Identify individual's occupation. Ask individual if not identified.
    See MDS Section AB.6 for information.

20. Education

    Identify the individual's highest level of education as identified on MDS Section AB.7. Ask individual as needed.

21. Marital Status

    Identify individual's marital status as identified on MDS Section A.5. Ask individual as needed.

22. Conservator Name

    Identify name of Conservator for individual, if one has been appointed by the Court. If not applicable, mark N/A.

23. Conservator Address

    Identify address of conservator for individual, if one has been appointed by the Court.

24. Participants

    Indicate who participated in the evaluation at the facility. Check off or write in all who participated in giving information used in this evaluation.

PSYCHOSOCIAL ASSESSMENT

The evaluator's interview with the individual begins with the psychosocial assessment. The evaluator should introduce him/herself and explain the purpose of the PASRR level II evaluation. Discussion of personal goals should be introduced by letting the person know that the evaluator's recommendations will take into consideration the person's wishes and that this is an opportunity for the person to request services to help improve the quality of his/her life.

For example, the evaluator might say “After we talk together today, I’ll be making suggestions about what you need and want, so I need to know about how things are going in your life now and what you would like to change. If it’s OK with you, I’d like to ask you about some areas of your life and then you can tell me things you would like to be different.”

25. <u>Individual Goals</u>

Some individuals will have goals in mind during treatment, while others may not realize that alternatives to their current circumstances exist. For each goal area, it is helpful to introduce the topic by asking about the individual’s current situation and how the person feels about the situation. The evaluator should develop a sense of the individual’s satisfaction with her/his current circumstances and ask if the person would like to make changes in that area. Check and rank the individual’s input on each of the following:

a. "How has it been for you living here?"…."Have you thought about where you would like to live?"

b. "How are things going with your money and budgeting? Has it been a long time since you were working?”…"Would you want help with your finances? Would you be interested in going back to school/work?"

c. "Do you have contact with your family? How is that going?"…"Would you like things to be different with your family? Would you like help with that?"

d. "Do you have many friends? Do you get to see them often?"…"Would you like your social life to be different? Are there hobbies or activities you would like to be doing?"

e. "How has your health been?"…"Are there ways that you would like to improve your health?"

f. "How have your spirits been? Have you had any worries about your mental health?"…"Would you like things to be different? Do you have nay thoughts about what would help you feel better?"

26. <u>Individual’s Report of Performance of Basic Living Skills</u>

Note that the Level of Assistance Ratings (None, Explain, Physical, All)for these items are included on the Level II evaluation form.

a. Ask individual questions on Level II form about friendship skills. If he or she answers “No,” ask how much assistance s/he needs to have friends.

b. Ask individual questions on Level II form about personal hygiene skills. If he or she answers “No,” ask how much assistance s/he needs to perform personal hygiene tasks.

c. Ask individual questions on form about care of personal possessions. If he or she answers “No,” ask how much assistance s/he needs to care for personal possessions.

PSYCHIATRIC HISTORY

27. <u>a.Drug Abuse;</u>
<u>b.Alcohol Abuse</u>

Check the appropriate boxes that verify any history of drug and/or alcohol abuse. Consider the chronicity, frequency, nature and amount of drug and alcohol consumption in completing this section. Use Item 85 if active use of substances is suspected.

28. <u>Age at onset of mental illness</u>

If known, enter the age of the individual at onset of mental illness. If unable to determine age, enter 99. If no mental illness, enter 00.

29. <u>Primary Living Situation During Past Year</u>

Check the box that indicates where the individual has resided for six months or longer, during the past year.

30. <u>Number of Psychiatric Hospitalizations in Past Two Years</u>

Enter the total number of separate admissions to acute psychiatric facilities over the past two years.

31. <u>Behavioral / Management Problems</u>

On all of the following items, check “No evidence of” box when no record is found of the behavior:

a. Enter use of PRN psychiatric medications or enter the number of times PRN psychiatric medications were administered to individual, in past 14, 30, 60, or 90 days .

b. Enter the number of times the individual refused psychiatric medications in past 14, 30, 60, or 90 days.

c. Enter the number of times the individual abused alcohol until drunk in the past 14, 30, 60, or 90 days.

d. Enter the number of times the individual used street drugs in the past 14, 30, 60, or 90 days.

e. Enter the number of times the individual left or attempted to leave the facility without medical authorization in the past 14, 30, 60, or 90 days.

f. Enter the number of times the individual damaged or destroyed others' property in the past 14, 30, 60, or 90 days.

g. Enter the number of times the individual smoked in a hazardous manner in the past 14, 30, 60, or 90 days.

h. Enter the number of times the individual set fires in the past 14, 30, 60, or 90 days.

i. Enter the number of times the individual disrobed in public in the past 14, 30, 60, or 90 days.

j. Enter the number of times the individual engaged in sexual activity that violated the rights of others in the past 14, 30, 60, or 90 days.

k. Enter the number of times the individual stole other's property in the past 14, 30, 60, or 90 days.

l. Enter the number of times the individual verbally abused others by yelling, screaming, threatening or otherwise verbally assaulting them in the past 14, 30, 60, or 90 days.

m. Enter the number of times the individual physically hurt others by hitting, scratching, kicking or otherwise being physically violent to them in the past 14, 30, 60, or 90 days.

n. Enter the number of times the individual tried to hurt himself or herself in the past 14, 30, 60, or 90 days.

o. Describe other problem behavior(s) in the past 14, 30, 60, or 90 days.

Any additional comments regarding any of these problem behaviors should be entered in the comment section, Item #85.

32. <u>Psychiatric Medications Taken During The Past Year</u>

List all psychotropic medications taken for the longest period of time, over the past year. If not found in the individual's current medical record, this information may be available in the individual's holding chart. Note dosage (e.g. 25 mg.) then times per day (e.g. 4) to equal total (e.g. 100 mg.) If the daily dose is not known, enter 9999 in the space provided. Refer to Appendix VIII for a list of medications and digit codes.

33. Current Psychiatric Medications

Enter NAME, CODE, and DOSAGE of current psychotropic medications (Use Appendix VIII for list of psychotropic medications). Indicate whether the medication is given on a regular or PRN basis. Anticonvulsant medications when prescribed for psychiatric symptoms should also be recorded in this section.

Enter TOTAL DAILY dose in milligrams. If dose is larger than milligram space provided, enter 9999.
Indicate how well the individual's psychiatric symptoms are responding to current medications. This information may be found in the physician's and/or nurse's progress notes.

34. Mask Symptoms of MI

Indicate the non-psychiatric medications which may mask psychiatric illness. Record the name of the medication in the space provided.

35. Mimic Psychiatric Symptoms

Indicate the nonpsychiatric medications which may mimic psychiatric illness. Record the name of the medication in the space provided.

36. Side Effects of Medication

Ask individual if he or she has experienced any of the 18 identified side effects in the past three months. Check NR for no response if individual has no relevant response to each side-effect query.

37. Comments/Observations/Clarifications (optional)

If available, summarize additional information in the chart (see MD and/or RN progress notes) concerning presence or lack of medication side effects. If you do not believe the individual's self-reporting of medication side effects presents an accurate picture, state reasons/observations.

38. Symptoms (Individual's Report)

Ask individual if he or she has experienced any of the following in the past three months.:

a. Thought disorder or delusions (irrational belief not explained by cultural background). If so, check yes and describe briefly, including frequency.

b. Hallucinations (auditory, visual, sensory perception without external stimuli) If so, check yes and describe briefly, including frequency.

c. Anxiety (apprehension/fear/tension/panic/worry that occurs most of the time and makes it difficult for him or her to attend to things). If so, describe briefly, including frequency.

d. Depression (sad/unhappy/hopeless/poor self-esteem most of the time). If so, describe briefly, including frequency.

e. Suicidal thoughts (thoughts of physical harm to oneself). If present, describe briefly, including frequency.

Comments about the individual's self-reporting of symptoms, including effect it has on his or her care and treatment may be included in Item #85.

39. <u>Problem Behaviors (Individual's Report)</u>

Ask the individual if he or she engaged in any of the following behaviors over the past three months:

a. Used street drugs? If so, ask him or her to describe, including frequency.

b. Abused alcohol so that you were drunk? If so, ask him or her to describe, including frequency.

c. Physically hurt others (hit, pinch, shove, trip)? If so, ask him or her to describe, including frequency.

d. Verbally assaulted others (yell, scream, swear, call names)? If so, ask him or her to describe, including frequency.

e. Tried to hurt yourself? If so, ask him or her to describe, including frequency.

f. Engaged in sexual activity that violated the rights of others? If so, ask him or her to describe, including frequency.

g. Smoked in a hazardous manner (in bed, flick ashes in trash)? If so, ask him or her to describe, including frequency.

h. Damaged others' property? If so, ask him or her to describe, including frequency.

i. Disrobed in public? If so, ask him or her to describe, including frequency.

j. Stolen others' property? If so, ask him or her to describe, including frequency.

k. Tried to go AWOL (or leave without permission) from a facility? If so, ask him or her to describe, including frequency.

Comments about the individual's self-reporting of problem behaviors, including consistency with documented behaviors, should be included in Item #85.

PHYSICAL HEALTH HISTORY

Obtain a comprehensive medical history and current physical status with particular emphasis on the individual's need for skilled nursing care. There may be times when information from several sources must be obtained (e.g., facility staff, family members, conservators, and records).

40. Current Physical Health Problems

Check all boxes that apply. Use box "other" to record presence of terminal illness and other physical health problems not listed. A list of physical health problems is often available in the individual's chart. Suspected or undiagnosed conditions should not be noted. If #40j. (Gastrointestinal Disease) is checked, #45f. (Systemic Examination/Rectal) should have been performed, also. If not performed within the last 90 days, use Item #46 (Physical Examination Comments) to recommend appropriate consult. If #40k. (Genitourinary Disease is checked, #45g. (Systemic Examination/Genitourinary) should have been performed, also. If not performed within the last 90 days, use Item #46 (Physical Examination Comments) to recommend appropriate consult.

PHYSICAL EXAMINATION

Provide the current physical health status of the individual. For the physical examination, it is strongly recommended that the evaluator fill this section out as the data is gathered.

If a physical examination has been performed in the past 90 days and any elements of the exam are not available from the record, the evaluator must perform those aspects of the physical examination, or inform the contractor that an MD evaluator is required to complete the evaluation.

Also, if a physical examination has been completed within 90 days, and the evaluator notes a significant change in any aspect of the individual's medical status, the evaluator must perform those elements of the physical exam related to the individual's change in medical status, or make the appropriate recommendation/consultation.

41. Physical Examination within Last 90 Days of Current Level II Date

Computer will generate answer. If the answer is more than 90 days, do not proceed until a new physical exam is completed.

42. Date of Last Physical Exam Recorded in Chart

Record information as requested.

43. Vital Signs

Check the appropriate boxes and record information as requested.

44. Physical Appearance

Check the appropriate boxes and record information as requested.
If the individual's physical appearance is poor, explain in Item #46 (Physical Examination Comments).

45. Systemic Examination

Record findings as normal or abnormal, and source of information as exam or record. Use Item #46 (Physical Examination Comments) to explain any abnormal or unmarked fields.

46. Physical Examination Comments

Add or explain additional information pertinent to the physical examination. Note any speech and language problems (e.g., aphasia) due to physical or neurological abnormalities. It is important that you distinguish between elective mutism (i.e., individual appears mute during examination, however, at other times the individual talks), and the individual's inability to talk due to organic or physical dysfunction.

47. Skilled Nursing Procedures and Therapies Required

This section is particularly important in making your recommendations about the individual's need for nursing facility placement and/or his or her potential placement(s) in the community. Look for this information in the Current Treatment Plan section of the chart. Check all boxes that apply, and add frequency and duration if available, for each procedure or therapy checked.

Check the MDS, Section P for 47(a) through (s). Check MDS Section H for 47(t), (u) and other.

For Items #47(a) -(s), if required only intermittently, note frequency and duration of need.

For Item #47(t) (Bladder Incontinence), indicate level of care (1-4); use 1 (never) if individual has no incontintent problems; use 2 (occasionally) if individual is incontinent of urine one or more times a week but not daily; use 3 (daily); and 4 (more than once daily).

For Item #47(u), (Bowel Incontinence Care), also indicate level of care 1-4; use 1 (never) if individual has no incontinent problems; use 2 (occasionally) if individual is incontinent of feces once a week; 3 (frequently) if individual is incontinent of feces two to three times a week; 4 (four or more times a week).

48. Therapies

Check all therapies that the individual is receiving. If available, record the number of days administered for 15 minutes and the total number of minutes provided. (Check MDS Section P)

49. Physical Health Aids Used or Required

Check **ALL** items that apply. Include devices individual uses or would use if they were available.
(See MDS Sections C, D, and L.)

50. Ambulation

Check all items that apply. Include devices individual uses or would use if they were available.
(See MDS Sections G and P.)

CURRENT COGNITIVE STATUS

Many aspects of the individual's mental function can be observed in the course of history-taking and speaking with him or her. Some individuals may not appreciate and understand the purpose of the questions. You may have to explain the need for the question you are asking and information you are seeking.

51. Level of Consciousness

Enter 1 (Alert), 2 (Drowsy), 3 (Stupor), or 4 (Coma).

52. Orientation (Potential Scoring 0-10)

To assess long-term memory ability, the individual is asked personal information that is known to the evaluator, such as name, birth date, etc. Record individual's responses in full to the questions on the Level II form under this item.

a. Indicate if first and last name are correct or incorrect.

b. Indicate if date of birth is correct or incorrect.

c. Scoring for today's date (mo/day/year) (0-3)

d. Scoring for day of week and season (0-2)

e. Scoring for present location (state/county/town/place/room) (0-5)

f. Indicate if reason for presence at facility is correct or incorrect.

53. Immediate Verbal Recall/Learning (Potential Scoring 0-3)

To assess ability to learn, the individual is asked to repeat three words (airplane, piano, orange) until he or she has learned them all. One point for each word recalled. Record number of trials to obtain this result. Tell the individual that he or she will be asked to recall these three words later in the evaluation

54. Mental Control (Potential Scoring 0-5)

To assess ability to concentrate, the individual is asked:

a. to count backwards from 100 by 7; and

b. to spell "WORLD" backwards.

Enter the score from a. or b. whichever is higher. (0-5)

55. Short-Term Recall of 3 Words (Potential Scoring 0-3)

To assess short-term memory ability, the individual is asked to repeat the three words (airplane, piano, orange) that he or she recalled or learned above.

56. Attention (Potential Scoring 0)

To assess attention deficit, the individual is asked to repeat six numbers (8-3-5-2-9-1). Indicate if correct or incorrect.

57. Construction (Potential Scoring 0-1)

To assess ability to construct, the individual is asked to copy a design (e.g., circle, figure eight). (Incorrect/correct) (0-1) If incorrect, describe drawing errors.

58. Naming (Potential Scoring 0-2)

To assess ability to name, the individual is asked to identify four objects.

a. Scoring for naming "pencil" or "pen" (0-1)

b. Scoring for naming "watch" (0-1)

c. Indicate correct/incorrect naming of "chin."

d. Indicate correct/incorrect naming of "knuckles."

59. Reading (Potential Scoring 0-1)

To assess ability to read, the individual is asked to look at Reading Card you offer, which says: "Close your eyes."

a. View Reading Card, close his or her eyes, and do what Card says. (0-1)

b. Indicate if correct/incorrect in viewing card and stating what it says.

60. Writing (Potential Scoring 0-1)

To assess ability to write, the individual is asked to write a sentence. (0-1) Record what s/he writes.

61. Repetition (Potential Scoring 0-1)

To assess ability to repeat, the individual is asked to repeat the following, after you say it: "No ifs, ands or buts." (0-1)
(Please note: Portions of the Mental/Cognitive Status in the PASRR/MI Level II are from the Mini-Mental State Exam (MMSE) is a copyrighted instrument. DMH will need to check proposed instructions against those that are recommended by the MMSE copyright holder.)

62. Verbal Comprehension (Potential Scoring 0-3)

To assess ability to comprehend verbal instructions, the individual is asked to follow three directions.

a. Scoring for putting paper in right hand. (0-1)
b. Scoring for folding paper in half. (0-1)
c. Scoring for putting paper on floor. (0-1)
d. Record individual's response to directions.

63. Verbal Memory-Delayed Recall (Potential Scoring 0)

Again, to assess verbal memory, the individual is asked if he or she remembers any of the words practiced a little while ago. The evaluator provides category prompts, as noted on item #63, if needed. The evaluator also checks recognition of category types, as noted in item #63, if needed. Record number of three words free recalled; number of words with category prompt; and number of words with recognition.

64. Figure Memory-Delayed Recall (Potential Scoring 0)

To assess figure memory, the individual is asked to draw the design he or she drew a few minutes ago. Indicate if correct or incorrect. If incorrect, describe drawing errors.

65. Abstract Thinking (Potential Scoring 0)

To assess ability to make valid generalizations, the individual is asked:

a. for similarities between two objects (shovel and rake); record the individual's words in response using quotation marks. Also, mark category, concrete or specify other; and
b. to interpret a proverb "A rolling stone gathers no moss."; record individual's words in response, using quotation marks.

66. Judgment (Potential Scoring 0)

To assess ability to correctly estimate situations and problem solve, the individual is asked:

a. Write in the individual's words in response, using quotation marks. Indicate correct/incorrect response to seeing smoke and fire while in bed.

b. Write in the individual's words in response, using quotation marks. Indicate correct/incorrect response to right thing to do if you will be late for a doctor's appointment.

67. Grant Total MMSE Score (Potential Scoring 0-30)

Record total MMSE Score, Norm Table Cutoff Value, and Percent Difference.

CURRENT MENTAL STATUS EXAM

The purpose of the mental status examination is to assess both qualitatively and quantitatively a range of mental functions at a given time. It is useful in providing a baseline of information for future examinations and to assess deterioration or improvement in specific functions over time. The mental status examination provides a rating of the individual's appearance, attitude and behavior, thought processes, thought content and current cognitive status. It is a means to assess orientation, attention, speech, mood, thought process, specific cognitive skills and organizing observational data.

The headings are descriptive of the areas of mental functioning the evaluator is expected to explore. Careful recording and accurate description of the individual's current behavior enables a DMH clinician to make an accurate diagnosis.

For Items # 68 to #75, #76-#78, and #80-#84, include an explanation when important to your overall conclusions and recommendations, in Comments Item #85 or #87, if applicable to differential diagnosis.

68-70 Appearance, Behavior, and Attitude

Indicate whether the individual has any specified impairments in appearance, behavior, and attitude. Rate the presence of each such potential impairment on a scale of 1 (none), 2 (mild), 3 (moderate), or 4 (severe).

71. Speech

Indicate whether the individual has any specified impairments in speech. Rate the presence of each such potential impairment on a scale of 1 (none), 2 (mild), 3 (moderate), or 4 (severe).

Regarding Item #71a.(Selectively Mute), the ability or inability of an individual to speak is a common finding in both functional and organic conditions. If the individual is rated moderate to severe on this item, an explanation is required in Item #76 explaining how the information, which requires communication skills, was obtained.

72. Thought Process

Indicate whether the individual has any specified impairments in thought processing. Rate the presence of each such potential impairment on a scale of 1 (none) to 4 (severe).

As the individual speaks, the evaluator should note the following:

- The degree of verbal productivity and the individual's spontaneity.
- Coherence and relevance of the individual's verbalization.
- The speed of reaction and manner of answering direct questions.
- The presence of blocking (a sudden interruption of thought or speech) or mutism (inability or refusal to speak).

Regarding Mutism: The inability or unwillingness of the individual to speak is a common finding in both functional and organic conditions. If the individual is rated moderate to severe on mutism, an explanation is required in Item #85, explaining how the information was obtained. Otherwise, the evaluation should be terminated and completed as a suspend.

- Note the presence of flight of ideas or skipping from one idea to another in a rapid, fragmented fashion.
- Observe if the individual is oriented to time, place, person, and surroundings.

73. Thought Content

Indicate whether the individual has any specified psychiatric symptoms. Rate the presence of each such potential symptom on a scale of 1 (none) to 4 (severe).
The evaluator may want to review MDS, Sections E and F, also.

a. Hallucinations. Note the presence of false sensory perception without stimuli. The evaluator may ask if the individual has seen or heard things that others do not hear or see.

b. Delusions. Note presence of false beliefs not in keeping with individual's culture or education.

c. Ideas of Reference. The evaluator may ask the individual about tendencies to misinterpret events or conversations, and about feelings of being singled out, watched or talked about by others.

d. Homicidal Ideation. If the individual expresses homicidal ideation, the evaluator should explore homicidal intent, plans, and means.

e. Suicidal Ideation/Risk. The evaluator shall explore any thoughts the individual has about self-harm or destruction. If the individual expresses suicidal ideation, the evaluator should explore suicidal intent, plans and means.

When elicited, suicidality of any degree shall be taken seriously. Use the comment section, Item #85, to report if suicidality is in the form of ideation or intent and if the individual is a high suicidal risk.

Suicidality and/or Homicidality could trigger a recommendation of Specialized Services.

74. Affect/Mood

Describe the affect of the individual. Record the emotional feeling tone that best describes the individual. The evaluator should assess the following:

- Appropriateness of the emotions shown to the circumstances of the interview and the ideas being expressed.
- Range of emotional expression. Note the presence of narrow range of emotional response, blunting or flatness.
- Depression or a prevailing attitude of pessimism. The concomitant feelings which may be expected with depression include hopelessness, helplessness, and guilt.
- Pervasive elation, undue optimism or euphoria.
- The presence of lability (abrupt change from one emotion to another), whether it is in response to major and minor shifts in content or occurs without stimulus.

Indicate whether the individual has any specified impairments with respect to his or her emotional condition. Rate the presence of each such potential impairment on a scale of 1 (none) to 4 (severe).
The Evaluator may want to review MDS Sections E and F, also.

75. Neurovegetative Signs

Indicate whether the individual has any impairment with regard to sleep, appetite/weight change, or other neurovegetative sign. Rate the presence of each such potential impairment on a scale of 1 (none) to 4 (severe) in columns for current impairments and those reported within the past 2 weeks. The Evaluator may want to review MDS Section E, also.

CURRENT PLACEMENT POTENTIAL

This section is designed to provide information about the individual's ability to function outside the nursing facility, and the services that would be needed to support him or her in the community, whether in another supervised setting or independent living.

In rating the current community potential, make use of all available sources of information. Consider both the current and pre-HOSPITAL/NF levels of functioning, and the level of services that were available to support the individual in prior settings, if known.

Note that the services listed under Item #89 (Assess Potential for Alternative Placement(s) in the Community) can be recommended for the consideration of the treating professionals, and may assist the individual with these activities once placed in the community.

76. Personal Care Activities

Check the box that describes the individual's current level of functioning for each activity. Rate the level of care that the individual requires for each of these activities on a scale of 1 (fully independent), 2 (needs reminders), 3 (needs supervision), 4 (needs physical assistance), and 5 (needs total care). For any item rated as 5 (needs total care), provide explanation in Item #85 (Additional Information/Clarification of Clinical Inconsistencies).

a. Bathing (e.g., using shower or tub).

b. Dressing (e.g., taking off/putting on clothes in morning and night).

c. Grooming (e.g., brushing teeth, washing hair).

d. Eating (e.g., using utensils).

e. Using Toilet (e.g., transferring onto and off of toilet).

77. If placed in the community could the individual:

Check the box that best describes the individual's ability to perform these activities of daily living. The evaluator should rate the level of assistance that would be needed to assist the individual to perform each activity of daily living based on a scale of 1 (independent), 2 (with supervision), 3 (with assistance), 4 (not able), and 5 (unable to rate). For any item evaluated at 4 (not able), provide an explanation in Item #85.

Note that the services listed under Item #89 (Assess Potential for Alternative Placement(s) in the Community) can be recommended for the consideration of the treating professionals, and may assist the individual with these activities once placed in the community.

Ask the individual to rate the level of support that he or she would need to perform these activities of daily living based on the above-referenced ratings. Explain to him or her how to rate his or her own ability to perform these activities on a scale of 1-5.

Specify the source of information for the evaluator's ratings based on the following: 1 (individual), 2 (conservator/family), 3 (record), 4 (staff), 5 (current assessment), and 6 (other). If you choose 6 (other), write in what/who the source is in the space provided under the column for other.

a. Obtain food (e.g., grocery shop).

b. Prepare meal (e.g., make sandwich, cook hamburger).

c. Obtain shelter (e.g., find affordable, accessible housing).

d. Clean residence (e.g., vacuum, make bed, do dishes).

e. Obtain clothing (e.g., shop at store).

f. Do laundry (e.g., find and go to laundry, buy soap).

g. Take medication.(e.g., remember when to take various medications).

h. Budget money (e.g., keep track of SSI benefits, overpayments, budgets).

i. Keep clinical appointments (e.g., go to doctor or dentist on time).

j. Seek medical assistance (e.g., make appointments when needed).

k. Maintain employment (e.g., finding and keeping a job.

l. Use public transportation (e.g., use bus, train, etc.)

m. Community activities (e.g., finding and going to social and recreational activities such as bingo).

78. <u>If placed in the community would the individual:</u>

Check the box that best describes the level of assistance that would be required to assist the individual to <u>refrain from</u> potential problem behaviors in the community. For behaviors for which the evaluator has no evidence (Item #31), no rating (Item #39) of such a behavior, nor any observed or charted presence of it, mark the behavior #5, "Unable to Rate" Otherwise, rate the level of assistance that would be needed to assist the individual <u>to refrain from</u> such behaviors for which the evaluator has evidence. Enter #1 (yes) if the individual would likely <u>refrain from</u> such behavior in the community without any monitoring. Enter #2 (with periodic monitoring) if the individual would likely <u>refrain from</u> such behavior with monitoring on a weekly basis. Enter #3 (with ongoing treatment) if the individual would likely <u>refrain from</u> such behavior with 24-hour supervision. Enter # 4 (not able) if the individual is not likely to <u>refrain from</u> such behavior with 24-hour supervision. Enter # 5 (unable to rate) if you are not able to determine whether the individual would likely <u>refrain from</u>

that behavior. For any item rated at 4 (not able), provide evaluator's reasoning in Comments Section, item #85.

Note that the services listed under Item #89 (Assess Potential for Alternative Placement(s) in the Community) can be recommended for the consideration of the treating professionals, and may assist the individual with these activities once placed in the community.

Specify the source of information for the evaluator's ratings based on 1 (individual), 2 (conservator/family), 3 (record), 4, (staff), 5 (current assessment), 6 (other), or 7, no information found. If you choose 6 (other), write in what/who the source is in the space provided under the column for other.

a. Drug abuse. Check if identified in Item #25f., #27a., #31d., or #39a. , then rate (1-5) and note source (1-7).
b. Alcohol abuse. Check if identified in Item #25f., #27b., #31c., or #39b, then rate (1-5) and note source (1-7).
c. Wandering. Rate (1-5) and note source (1-7)
d. Going AWOL. Check if identified in Item #31e. or #39k, then rate (1-5) and note source (1-7).
e. Try to physically hurt self. Check if identified in Item #31n., #39e., or #73e, then rate (1-5) and note source (1-7).
f. Verbally assault or abuse others. Check if identified in Item #31l. or #39d, then rate (1-5) and note source (1-7).
g. Smoked in hazardous manner. Check if identified in Item #31g, then rate (1-5) and note source (1-7).
h. Fire setting incidents. Check if identified in Item #31h, then rate (1-5) and note source (1-7).
i. Damage to others' property. Check if identified in Item # 31f. or #39h., then rate (1-5) and note source (1-7).
j. Physically hurt others. Check if identified in Items #31m., #39c. or #73d, then rate (1-5) and note source (1-7).
k. Stealing other's property. Check no evidence box or proceed to assess and rate if identified in Item #31k. or #39j, then rate (1-5) and note source (1-7).
l. Engaged in sexualactivities that violate the rights of others. Check if identified in Item #31j. or #39f, then rate (1-5) and note source (1-7).
m. Disrobe in public. Check if identified in Item # 31i. or #39i, then rate (1-5) and note source (1-7).
n. Refused medications. Check if identified in Item #31b, then rate (1-5) and note source (1-7).
o. Other problem behaviors. Check if other problem behavior is identified in Item #31, or elsewhere during the evaluation process. Write in problem behavior. Then rate (1-5) and note source (1-7).

79. Individual's Strengths

List the individual's positive traits and personal attributes (e.g., sociable, dependable) that would help him or her achieve personal goals. Ask the individual and his or her family, friends, conservator, and care provider for information about strengths and positive traits.

80. Has the individual been free of placement problems in the community?

Check the yes or no boxes regarding freedom of placement problems in the community previously; whether the individual had prior treatment in a Special Treatment Program (STP); if so, whether the individual had success in the STP; and if not, indicate the year of prior STP admission and briefly describe why such placement failed. If no information is found, the evaluator is to check "unknown."

81. Does the individual have friends or relatives to provide care in the community?

Check yes, no, or unknown, if no information is found, relevant to this question.

82. Individual's Wishes

Select the setting that best describes where the individual wants to live, of the 6 listed.

83. Discharge potential recorded on latest MDS

Check MDS Section Q.1.c. (Discharge Potential), if available, and select 0-3. If not available, check #4.

84. Enter discharge potential of individual

Indicate individual's potential for discharge (good, fair, or poor) by checking the appropriate box, based on your evaluation.

85. Additional Information/Clarification of Clinical Inconsistencies

- State reason for admission to current level of care.
- Note special circumstances under which the evaluation was done.

Do:

- Include information about suicidality and/or homicidality if present.
- Include remarks that were not otherwise presented in the body of the Level II evaluation, such as where the individual was mute or otherwise not in a good physical or mental condition (e.g., if you noted severe symptoms in #68 – 75).
- Include information (positive and negative) about previous placements.

- Note any services that were made available to or reported by the individual that supported him or her in the community.
- Identify the evaluator's reasoning if s/he is not recommending placement(s) and/or services requested by the individual.

Don't:

- Repeat the same information from individual to individual. (Repetitive comments across individuals suggests that the evaluator has not individualized the diagnosis and treatment recommendations process for each individual.)
- Repeat information presented in the evaluation items.

<u>DSM-IV TR MULTIAXIAL CLASSIFICATION</u>

The DSM-IV TR classification is used to identify and record the individual's psychiatric and medical conditions, relevant psychosocial and environmental factors, and current and highest past year Global Assessment of Functioning.

86. <u>DSM IV TR Multi-Axial Classification</u>

<u>Axis I. Clinical Disorders</u>:Enter the DSM-IV TR code numbers representing the individual's current psychiatric diagnosis(es) except for Personality Disorders and Mental Retardation (which are reported on Axis II). Refer to Appendix IV.

The diagnosis(es) you enter here should be based on your clinical impressions of the individual at the time of your evaluation.

Your diagnosis(es) may or may not be the same as that which is found in the individual's chart. This may or may not be the same reason for the current admission to the facility. If there is more than one Axis I disorder present, the one that is causing the individual's major psychiatric problem at the time of the evaluation should be the primary (principal) diagnosis. The primary diagnosis should be listed first. The primary or secondary psychiatric diagnoses could be functional or organic in nature. If either of the diagnoses is organic in nature, the general medical condition that is causing the problem should be listed on Axis III. Be sure that the diagnosis is consistent with the current clinical symptomatology.

In cases where the code number refers to more than one condition, write out the specific diagnostic condition applicable in #86a, Axis I. Example: 292.89, choose which of the 30 conditions listed in DSM IV TR is applicable. If the primary diagnosis is Dementia or organic in nature, appropriate disturbance should be reflected in the current cognitive status section of the mental status examination, and the evaluation should be suspended.

The following are the clinical disorders and other conditions that may be the focus of clinical attention that are reported under Axis I:

a. Dementia, and Amnestic and Other Cognitive Disorders
b. Mental Disorders Due to a General Medical Condition
c. Substance-Related Disorders
d. Schizophrenia and Other Psychotic Disorders
e. Mood Disorders
f. Anxiety Disorders
g. Somatoform Disorders
h. Factitious Disorders
i. Dissociative Disorders
j. Sexual and Gender Identity Disorders
k. Eating Disorders
l. Sleep Disorders
m. Impulse-Control Disorders Not Elsewhere Classified
n. Adjustment Disorders
o. Other Conditions That May Be a Focus of Clinical Attention

R/O (rule out) diagnoses are not permitted.

<u>**Leave NO blanks**</u>. If there is no Axis I diagnosis, the evaluator should enter V71.09; the DSM-IV code for "no diagnosis" in the space provided.

<u>**Note regarding Dementia**</u>: The federal PASRR regulations require that a Level II evaluation should <u>NOT</u> be performed if the primary diagnosis is Dementia (including Alzheimer's disease or related disorder). However, if dementia is not primary, and if there is a concurrent serious mental illness, proceed with the entire evaluation.

<u>When in doubt about whether Dementia is primary or secondary, a Level II evaluation should be completed if there is a concurrent serious mental illness.</u> All diagnosis of Dementia should be reflected in the current cognitive status portion of the Mental Status Examination section of the Level II evaluation.

Refer to the Serious Mental Illness Criteria (Appendix II) to accurately differentiate Dementia from Pseudodementia**. At any point <u>prior to the completion</u> of the evaluation, if the evaluator is convinced that the <u>primary diagnosis</u> is <u>Dementia</u> or related condition (e.g., organic brain syndrome), then the evaluator shall stop the assessment and check the "SUSPEND" box on the Level II form.**

<u>Axis II. Personality Disorder/MR</u>: If the primary or secondary diagnosis is a Personality Disorder or Mental Retardation, it should be reported here. Record V71.09 if there is no diagnosis on Axis II. The following disorders are reported under Axis II:

a. Paranoid Personality Disorder
b. Schizoid Personality Disorder
c. Schizotypal Personality Disorder
d. Antisocial Personality Disorder
e. Borderline Personality Disorder
f. Histrionic Personality Disorder
g. Narcissistic Personality Disorder
h. Avoidant Personality Disorder
i. Dependent Personality Disorder
j. Obsessive-Compulsive Personality Disorder
k. Personality Disorder Not Otherwise Specified
l. Mental Retardation

<u>Axis III. General Medical Condition</u>: Report the current general medical condition **<u>that is directly related or potentially relevant</u>** to understanding and/or management of the individual's mental disorder. In some cases, it is clear that the general medical condition is directly causing the development and worsening of mental symptoms and that the mechanism is physiological.

Use a "<u>Mental Disorder Due To A Medical Condition"</u> diagnosis only when a mental disorder is judged to be a direct physiological consequence of the general medical condition.

<u>Use the ICD-9-CM codes in reporting the current medical condition</u>. Refer to Appendix IX. The following ICD-9 codes for general medical conditions are reported under Axis III:

a. Infectious and Parasitic Diseases
b. Neoplasms
c. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders
d. Diseases of the Blood and Blood Forming Organs
e. Diseases of the Nervous System and Sense Organs
f. Diseases of the Circulatory System
g. Diseases of the Respiratory System
h. Diseases of the Digestive System

i. Diseases of the Genitourinary System

j. Diseases of the Skin and Subcutaneous Tissue

k. Diseases of the Musculoskeletal System

l. Congenital Diseases

m. Injury and Poisoning

Axis IV. Psychosocial/Environmental: Report the psychosocial and environmental factors that may affect the diagnosis, treatment and prognosis of the individual's current mental disorders. Take note of those psychosocial and environmental conditions that clearly contributed to the mental disorder. Choose one or more of the following categories and fill in the box(es) with the corresponding number as written below:

a. Problems with primary support group - e.g., death of a family member; health problems in family; disruption of family by separation, divorce, or estrangement; removal from the home; remarriage of parent; sexual or physical abuse; parental overprotection; neglect of child; inadequate discipline; discord with siblings; birth of sibling.

b. Problems related to the social environment - e.g., death or loss of friend; inadequate social support; living alone; difficulty with acculturation; discrimination; adjustment to life-cycle transition (such as retirement).

c. Educational problems - e.g., illiteracy, academic problems; discord with teachers or classmates; inadequate school environment.

d. Occupational problems - e.g., unemployment; threat of job loss; stressful work schedule; difficult work conditions; job dissatisfaction; job change; discord with boss or coworkers.

e. Housing problems - e.g., homelessness; inadequate housing; unsafe neighborhood; discord with neighbors or landlord.

f. Economic problems - e.g., extreme poverty; inadequate finances; insufficient welfare support.

g. Problems with access to health care services - e.g., inadequate health care services; transportation to health care facilities unavailable; inadequate health insurance.

h. Problems related to interaction with legal system/crime - e.g., arrest; incarceration; litigation; victim of crime.

i. Other psychosocial and environmental problems - e.g., exposure to disaster, war, other hostilities; discord with nonfamily caregivers such as counselor, social worker, or physician; unavailability of social service agencies.

Axis V. Global Assessment of Functioning (GAF) (Appendix X): - Record the highest GAF in the past year and the current GAF in the respective spaces. Rate the GAF with respect to only psychological, social and occupational functioning. "Do not include impairment of functioning due to physical or environmental limitations." The current GAF should be congruent with the overall severity of psychiatric illness (question #39) and with the individual's current psychiatric symptomatology.

a. Past year GAF - the highest level of functioning, for at least a few months, during the past year. If GAF rating is not available in the chart, make an estimate based on information in the medical record.

b. Current GAF - the level of functioning at the time of the evaluation.

87. <u>Differential Diagnosis</u>

Describe any differential diagnoses and how you decided upon one diagnosis versus the other(s). Describe confounding factors or inconsistencies between the MSE and your own assessment, especially if cognitive deficits differ, and your primary diagnosis is functional. Include any information relevant to diagnostic assessment (such as symptoms revealed in items # 68-75).

88. <u>Recommended Level of Care for Individual's Physical and Mental Health Status</u>

Indicate the recommended level of care for the individual's current physical and psychiatric status: (If a or b is selected, **IMMEDIATELY** FAX the assessment (DMH 1733) to the Contractor's office for immediate attention.

a. <u>Acute Psychiatric Hospital</u>: A hospital provides 24-hour inpatient care, including medical, nursing, rehabilitative, pharmacy, and dietary services. This setting is for individuals who are suffering from an <u>acute episode</u> of a serious mental illness or an <u>acute exacerbation</u> of a chronic serious mental disorder who also have medical conditions that require medical attention on an inpatient basis. If this recommendation is made, <u>refer to the Specialized Services Recommendation procedure below</u>.

b. <u>Psychiatric Health Facility (PHF)</u>: 24-hour acute psychiatric, nonhospital setting. This placement is indicated for individuals who are suffering from an <u>acute episode</u> of a serious mental illness or <u>acute exacerbation</u> of a chronic serious mental illness, who <u>DO NOT</u> have medical conditions that require medical attention on an inpatient basis. If this recommendation is made, <u>refer to the Specialized Services Recommendation procedure below</u>.

c. <u>Special Treatment Program (STP)</u>: Special treatment programs provide programs to serve individuals who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. Special treatment programs are those therapeutic services, including prevocational preparation and prerelease planning, provided to mentally disordered persons having special needs in one or more of the following general areas: self-help skills, behavior adjustment, interpersonal relationships.

   STPs provide the highest level of mental health service available in a NF. Regulations require: (a) a minimum of 27 hours per week of direct group or individual program service for each individual with (b) moderate to excellent rehabilitation potential.

Recommend STP placement for individuals who are not experiencing an acute episode, but whose serious mental illness could endanger themselves and/or others if they are not constantly supervised. Consider the age, severity of symptoms, chronicity, physical illness and history of previous STP placements (if known) before recommending this placement.

If you select Item #88c, provide recommendations for mental health services below, and consider Item #89 below.

1. None. Check this box if the individual is not receiving any psychiatric treatment and you are not recommending any psychiatric treatment.

2. Psychotropic medication education/monitoring. This should be recommended for individuals who are not expected to be able to administer their own medications due to severe cognitive disability. Medication information should be adapted to the abilities and knowledge of the individual. Medication support and supervision should be designed to maximize the person's skills in the independent use of medications despite the belief that independence with respect to medication administration is unlikely.

3. Independent medication management training. A therapeutic program in which a trained mental health professional provides information about the use and risks of medications and assists the individual in becoming more independent in the administration and management of their own medications. Recommended for all individuals receiving psychotropic medications who may be expected in the future to function at more independent levels of care; for example, a residential community care facility.

4. Individual psychotherapy. This refers to in-depth, insightful, dynamically oriented psychotherapy provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those individuals who could be expected to benefit from the process and–demonstrate minimal or no cognitive deficit. The therapy may be verbal or non-verbal, and may include music, art, and movement.

5. Group psychotherapy. This refers to group psychotherapy, provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those individuals who could be expected to benefit from the process and demonstrate minimal or no cognitive deficit. The therapy may be verbal or non-verbal, and may include music, art, and movement.

6. Supportive services. These are interactions between individuals and facility staff that encourage problem solving, socialization, or focus on

a therapeutic goal. Individuals with mental disorders, who are too cognitively impaired to benefit from individual or group psychotherapy, should be considered for supportive services. Where appropriate, some individuals may benefit by having both psychotherapy and supportive services.

7. Family therapy. Recommended for individuals whose goals include improving relationships with family members. Also, family therapy should be recommended when family member support is integral to the individual's other goals, such as being involved in their care especially if placement at home is a possibility in the future. It is provided by a mental health professional licensed to practice independently in this state.

8. Cognitive behavioral therapy. This should be recommended for individuals with adequate cognitive function whose psychiatric difficulties have been shown to respond to this therapeutic modality. Cognitive behavioral therapy may utilize relaxation training, anger management skills training, and techniques to improve problem-solving skills or interpersonal skills. It is provided by a mental health professional licensed to practice independently in this state.

9. ADL training/reinforcement. A therapeutic intervention by a trained mental health professional which combines behavioral reinforcement techniques with skill training to improve the individual's performance of Activities of Daily Living. Should be recommended for individuals who either need training on how to dress more appropriately, bathe, toilet, feed, or groom themselves; for individuals who have such skills, but who do not perform these tasks responsibly as a result of their mental disorder, or who are at risk of losing such skills while at the facility.

10. Mental Health Rehabilitation Activities. Mental health rehabilitation services/activities may include individual or group interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. These activities may include therapeutic community, dance, music, art, exercise, leisure, recreation, orientation, education, and/or skill building activities. Most individuals would benefit by some participation in these activities, even those who are bedfast.

11. Substance Rehabilitation. These include services for the rehabilitation of alcohol, tobacco, illicit drugs and abuse or misuse of over-the-counter and prescription medications.

12. Behavioral Modification program. Describe here the behaviors you feel need modification. For example, behavior modification program to reduce assaults on peers. A behavior modification plan should also

be recommended to assist an individual to overcome problem behaviors that are a barrier to living in the community.

13. Peer Counseling. Access to self-help groups including self-help groups and peer counseling by persons with mental disabilities should be recommended when the individual may benefit from participation.

14. Vocational Services. : Access to services that provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

15. Educational Services. Access to services that assist an individual to prepare for, obtain, and maintain an educational program, such as G.E.D.

16. Other Recommended Services. Specify other rehabilitative services you are recommending. Note here if you are recommending changes in medication or dosage. Some individuals, although receiving psychotropics, may not have been seen by a psychiatrist. Use this item to indicate the need for a psychiatric consult or regular follow-up by a psychiatrist. (See also, other Specialty Mental Health Services, or Community Support Services discussed below at #89 sections B.1 and B.3.)

d. <u>Skilled Nursing Facility.</u> Skilled nursing facility means a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to individuals whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program.

If you select Item #88d, provide recommendations for mental health services below, and consider Item #89 below.

1. None. Check this box if the individual is not receiving any psychiatric treatment and you are not recommending any psychiatric treatment.

2. Psychotropic medication education/monitoring. This should be recommended for individuals who are not expected to be able to administer their own medications due to severe cognitive disability. Medication information should be adapted to the abilities and knowledge of the individual. Medication support and supervision should be designed to maximize the person's skills in the independent use of medications despite the belief that independence with respect to medication administration is unlikely.

3. Independent medication management training. A therapeutic program in which a trained mental health professional provides information about the use and risks of medications and assists the individual in becoming more independent in the administration and management of

their own medications. Recommended for all individuals receiving psychotropic medications who may be expected in the future to function at more independent levels of care; for example, a residential community care facility.

4. Individual psychotherapy. This refers to in-depth, insightful, dynamically oriented psychotherapy provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those individuals who could be expected to benefit from the process and–demonstrate minimal or no cognitive deficit. The therapy may be verbal or non-verbal, and may include music, art, and movement.

5. Group psychotherapy. This refers to group psychotherapy, provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those individuals who could be expected to benefit from the process and demonstrate minimal or no cognitive deficit. The therapy may be verbal or non-verbal, and may include music, art, and movement.

6. Supportive services. These are interactions between individuals and facility staff that encourage problem solving, socialization, or focus on a therapeutic goal. Individuals with mental disorders, who are too cognitively impaired to benefit from individual or group psychotherapy, should be considered for supportive services. Where appropriate, some individuals may benefit by having both psychotherapy and supportive services.

7. Family therapy. Recommended for individuals whose goals include improving relationships with family members. Also, family therapy should be recommended when family member support is integral to the individual's other goals, such as being involved in their care especially if placement at home is a possibility in the future. It is provided by a mental health professional licensed to practice independently in this state.

8. Cognitive behavioral therapy. This should be recommended for individuals with adequate cognitive function whose psychiatric difficulties have been shown to respond to this therapeutic modality. Cognitive behavioral therapy may utilize relaxation training, anger management skills training, and techniques to improve problem-solving skills or interpersonal skills. It is provided by a mental health professional licensed to practice independently in this state.

9. ADL training/reinforcement. A therapeutic intervention by a trained mental health professional which combines behavioral reinforcement techniques with skill training to improve the individual's performance of Activities of Daily Living. Should be recommended for individuals who either need training on how to dress more appropriately, bathe, toilet, feed, or groom themselves; for individuals who have such skills,

but who do not perform these tasks responsibly as a result of their mental disorder, or who are at risk of losing such skills while at the facility.

10. Mental Health Rehabilitation Activities. Mental health rehabilitation services/activities may include individual or group interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. These activities may include therapeutic community, dance, music, art, exercise, leisure, recreation, orientation, education, and/or skill building activities. Most individuals would benefit by some participation in these activities, even those who are bedfast.

11. Substance Rehabilitation. These include services for the rehabilitation of alcohol, tobacco, illicit drugs and abuse or misuse of over-the-counter and prescription medications.

12. Behavioral Modification program. Describe here the behaviors you feel need modification. For example, behavior modification program to reduce assaults on peers. A behavior modification plan should also be recommended to assist an individual to overcome problem behaviors that are a barrier to living in the community.

13. Day Treatment Intensive service provides an organized and structured multi-disciplinary treatment program as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the Individual in a community setting. These services are provided to a distinct group of Individuals and occur in a therapeutic, organized and structured setting. Day Treatment Intensive is a packaged program with services available at least three hours and less than 24 hours each day the program is open. Service activities include but are not limited to Assessment, Evaluation, Plan Development, Therapy, Rehabilitation and Collateral.

14. Day Treatment Rehabilitation provides evaluation, rehabilitation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development. It is an organized and structured program that provides services to a distinct group of Individuals. Day Rehabilitation is a packaged program with service available at least three hours and less than 24 hours each day the program is open. Service activities include Assessment, Evaluation, Plan Development, Therapy, Rehabilitation and Collateral.

15. Peer Counseling. Access to self-help groups including self-help groups and peer counseling by persons with mental disabilities should be recommended when the individual may benefit from participation.

16. Vocational Services. Access to services that provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

17. Educational Services. Access to services that assist an individual to prepare for, obtain, and maintain an educational program, such as G.E.D.

18. Other Recommended Services. Specify other rehabilitative services you are recommending. Note here if you are recommending changes in medication or dosage. Some individuals, although receiving psychotropics, may not have been seen by a psychiatrist. Use this item to indicate the need for a psychiatric consult or regular follow-up by a psychiatrist. (See also, other Specialty Mental Health Services, or Community Support Services discussed below at #89 sections B.1 and B.3.)

e. Intermediate Care Facility: An intermediate care facility (ICF) is a health facility or a distinct part of a hospital that provides services to individuals who:

- Require protective and supportive care, because of mental or physical conditions or both, above the level of board and care.
- Do not require the continuous supervision of care by a licensed registered or vocational nurse except for brief spells of illness.
- Do not have an illness, injury, or disability for which hospital or skilled nursing facility services are required.

Recommend this level of care when the individual needs an out-of-home protective living arrangement with intermittent skilled nursing care, supervision and/or observation, to prevent health deterioration. ICF services emphasize care to prevent or delay acute episodes of physical or mental illness, and encouragement independence.

If you select Item #88e, provide recommendations for mental health services below, and consider Item #89 below.

1. None. Check this box if the individual is not receiving any psychiatric treatment and you are not recommending any psychiatric treatment.

2. Psychotropic medication education/monitoring. This should be recommended for individuals who are not expected to be able to administer their own medications due to severe cognitive disability. Medication information should be adapted to the abilities and knowledge of the individual. Medication support and supervision should be designed to maximize the person's skills in the independent use of medications despite the belief that independence with respect to medication administration is unlikely.

3. Independent medication management training. A therapeutic program in which a trained mental health professional provides information about the use and risks of medications and assists the individual in becoming more independent in the administration and management of their own medications. Recommended for all individuals receiving psychotropic medications who may be expected in the future to function at more independent levels of care; for example, a residential community care facility.

4. Individual psychotherapy. This refers to in-depth, insightful, dynamically oriented psychotherapy provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those individuals who could be expected to benefit from the process and–demonstrate minimal or no cognitive deficit. The therapy may be verbal or non-verbal, and may include music, art, and movement.

5. Group psychotherapy. This refers to group psychotherapy, provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those individuals who could be expected to benefit from the process and demonstrate minimal or no cognitive deficit. The therapy may be verbal or non-verbal, and may include music, art, and movement.

6. Supportive services. These are interactions between individuals and facility staff that encourage problem solving, socialization, or focus on a therapeutic goal. Individuals with mental disorders, who are too cognitively impaired to benefit from individual or group psychotherapy, should be considered for supportive services. Where appropriate, some individuals may benefit by having both psychotherapy and supportive services.

7. Family therapy. Recommended for individuals whose goals include improving relationships with family members. Also, family therapy should be recommended when family member support is integral to the individual's other goals, such as being involved in their care especially if placement at home is a possibility in the future. It is provided by a mental health professional licensed to practice independently in this state.

8. Cognitive behavioral therapy. This should be recommended for individuals with adequate cognitive function whose psychiatric difficulties have been shown to respond to this therapeutic modality. Cognitive behavioral therapy may utilize relaxation training, anger management skills training, and techniques to improve problem-solving skills or interpersonal skills. It is provided by a mental health professional licensed to practice independently in this state.

9. ADL training/reinforcement. A therapeutic intervention by a trained mental health professional which combines behavioral reinforcement techniques with skill training to improve the individual's performance of Activities of Daily Living. Should be recommended for individuals who either need training on how to dress more appropriately, bathe, toilet, feed, or groom themselves; for individuals who have such skills, but who do not perform these tasks responsibly as a result of their mental disorder, or who are at risk of losing such skills while at the facility.

10. Mental Health Rehabilitation Activities. Mental health rehabilitation services/activities may include individual or group interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. These activities may include therapeutic community, dance, music, art, exercise, leisure, recreation, orientation, education, and/or skill building activities. Most individuals would benefit by some participation in these activities, even those who are bedfast.

11. Substance Rehabilitation. These include services for the rehabilitation of alcohol, tobacco, illicit drugs and abuse or misuse of over-the-counter and prescription medications.

12. Behavioral Modification program. Describe here the behaviors you feel need modification. For example, behavior modification program to reduce assaults on peers. A behavior modification plan should also be recommended to assist an individual to overcome problem behaviors that are a barrier to living in the community.

13. Day Treatment Intensive service provides an organized and structured multi-disciplinary treatment program as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the Individual in a community setting. These services are provided to a distinct group of Individuals and occur in a therapeutic, organized and structured setting. Day Treatment Intensive is a packaged program with services available at least three hours and less than 24 hours each day the program is open. Service activities include but are not limited to Assessment, Evaluation, Plan Development, Therapy, Rehabilitation and Collateral.

14. Day Treatment Rehabilitation provides evaluation, rehabilitation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development. It is an organized and structured program that provides services to a distinct group of Individuals. Day Rehabilitation is a packaged program with service available at least three hours and less than 24 hours each day the program is open. Service activities include Assessment, Evaluation, Plan Development, Therapy, Rehabilitation and Collateral

15. Peer Counseling. Access to self-help groups including self-help groups and peer counseling by persons with mental disabilities should be recommended when the individual may benefit from participation.

16. Vocational Services. : Access to services that provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

17. Educational Services. Access to services that assist an individual to prepare for, obtain, and maintain an educational program, such as G.E.D.

18. Other Recommended Services. Specify other rehabilitative services you are recommending. Note here if you are recommending changes in medication or dosage. Some individuals, although receiving psychotropics, may not have been seen by a psychiatrist. Use this item to indicate the need for a psychiatric consult or regular follow-up by a psychiatrist. (See also, other Specialty Mental Health Services, or Community Support Services discussed below at #89 sections B.1 and B.3.)

f. <u>Residential Community Care Facilities</u>: Individuals whose psychiatric symptoms have been stabilized or who are in a state of remission are appropriate for a less restrictive setting like a residential community care facility. "Stabilized" means that the person does not exhibit serious behaviors that: present a danger to self or others, make the person unable to accept assistance with basic needs, or violate the rights of others (refer to #31, a-o; #38 a-e; #39 a-k; and #78 a-o). There are several types of residential community care facilities that may be appropriate for the individual. These include Social Rehabilitation Facilities, Adult Residential Facilities, and Residential Care Facilities for the Elderly, which are described in # 89.A.2. below.

g. <u>Other</u>: Indicate another community placement here, if recommended. There are various types of private community residences that may be an appropriate alternative to institutional or group residences, which are described in # 89.A. below. Placement with family would be indicated here, if planned.

If you select either Item #88f or #88g, provide recommendations for mental health services below.

1. None. Check this box if the individual is not receiving any psychiatric treatment and you are not recommending any psychiatric treatment.

2. Psychotropic medication education/monitoring. (See above definition)

3. Individual psychotherapy. (See above definition).

4. Group psychotherapy. (See above definition)

5. Family therapy. (See above definition).

6. Cognitive behavioral therapy. (See above definition).

7. Substance Rehabilitation. (See above definition).

8. Behavioral Modification program. (See above definition).

9. Day Treatment Intensive. (See below definition).

10. Day Treatment Rehabilitation. (See below definition).

11. Consider referral for In-Home Support Services Program.

12. Peer Counseling. (See above definition).

13. Vocational Services. (See above definition).

14. Educational Services. (See above definition).

15. Other Recommended Services. Specify other rehabilitative services the individual is currently receiving and/or you are recommending (e.g., other Specialty Mental Health Services, Medical Health Services, or Community Support Services discussed below at #89, sections B.1- B.3). Note here if you are recommending changes in medication or dosage. Some individuals, although receiving psychotropics, may not have been seen by a psychiatrist. Use this item to indicate the need for a psychiatric consult or regular follow-up by a psychiatrist.

89. <u>Potential for Alternative Placement(s) in the Community.</u>

When 88.c. Special Treatment Program (STP), 88.d Nursing Facility (SNF) or 88.e Intermediate Care Facility (ICF) Level of Care are recommended in item 88., consider the following information in completing item 89.A.1), Placement Alternatives, and item 89.B., Community Support Services, 1) Home and Community Based Waiver Programs; 2) Medical Health Services; 3) Community Support Services; and, 4) Community Mental Health Services.

California has a goal of providing long-term care to elderly and disabled persons in a community setting, where appropriate. Accordingly, it is important for contractors performing PASRR/MI Level II evaluations to carefully consider alternatives to institutional care. The following are potential alternative placements and supports in the community for you to recommend, as appropriate, for consideration by treating professionals when an STP or NF placement is recommended in item 88 of the PASRR/MI Level II form.

A. Placement Alternatives.

Check one of the following residences if you have concluded that the individual could possibly reside there with the provision of Community Support Services referenced below, or if the treating professionals outlined a plan for discharge in the individual's chart.

1. <u>Private residence</u>

   Private residence means a house, apartment, or similar residence available to the individual through his or her own or family resources or with public assistance. A person can live in his or her own home or apartment or in the home or apartment of a family member or friend when s/he expresses that wish for community placement, participates in planning with family, county staff and facility staff, and when the treating professionals recommend the individual for discharge.

   When services are needed as part of placement, plans must be made with local agencies in advance of discharge.

2. <u>Group residence</u>

   a. Social Rehabilitation Facility

      A *Social Rehabilitation Facility* is licensed as a community care facility by the State Department of Social Services and certified by the State Department of Mental Health to provide 24-hour a day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance or counseling.

   b. Adult Residential Facility

      An *Adult Residential Facility* provides 24-hour a day nonmedical care and supervision to adults under age 60 years. (Title 22, Cal. Code Regs., section 80001(a)(7)). Care and Supervision means any one or more of the following activities provided by a person or facility to meet the needs of the clients: assistance in dressing, grooming, bathing and other personal hygiene; assistance with taking medications; central storing and/or distribution of medication; arrangement of and assistance with medical and dental care; maintenance of house rules for the protection of clients; supervision of client schedules and activities; maintenance and/or supervision of client case resources or property; monitoring food intake or special diets. An individual my require this level of support and supervision for an indefinite time.

c. Residential Care Facility for the Elderly

Residential Care Facility for the Elderly means a housing arrangement chosen voluntarily by the individual, the individual's guardian, conservator or other responsible person; where 75 percent of the individuals are sixty years of age or older and where varying levels of care and supervision are provided, as agreed to at time of admission or as determined necessary at subsequent times of reappraisal. Any younger individuals must have needs compatible with other individuals. Care and Supervision involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of individuals and includes the following: assistance in dressing, grooming, bathing and other personal hygiene; assistance with taking medications; central storing and/or distribution of medication; arrangement of and assistance with medical and dental care; maintenance of house rules for the protection of clients; supervision of client schedules and activities; maintenance and/or supervision of client is monies or property; monitoring food intake or special diets.An individual may require this level of support and supervision for an indefinite time.

3. Physically accessible features needed.

List the physically accessible features that the individual would need to live at the alternative placement you have recommended (e.g., wheelchair access, shower bars).

4. Other placements, comments or conditions of note.

B. COMMUNITY SUPPORT SERVICES

As you consider the following alternatives, please note that most of the services have been described in terms used by the Medi-Cal Program. Under the Medi-Cal Program, there are eligibility, authorization and service limits that treating professionals must consider. For individuals who are not Medi-Cal eligible, private insurance and other resources should be explored by the treating professionals for the delivery of similar services (See also, Section I.D., above, Disclaimer).

1. Specialty Mental Health Services .

Mental Health Services available under the Medi-Cal program are referred to as Specialty Mental Health Services, which include: (a) Rehabilitative Services, including residential treatment, day treatment intensive, day rehabilitation, individual mental health rehabilitation, group mental health rehabilitation, medication support services; (b) Targeted Case Management; (c) Psychiatrist Services and (d) Psychological Services. Access to such assistance is determined by statewide medical necessity criteria.

a. Residential Treatment.

Adult Residential Treatment Services means rehabilitative services, provided in a non-institutional, residential setting, which provide a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week. This service is recommended for an individual who is expected to move towards a more independent living situation, or higher level of functioning, within 3 to 12 months.

Crisis Residential Treatment Services means therapeutic or rehabilitative services provided in a non-institutional residential setting that provides a structured program as an alternative to hospitalization for persons experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports persons in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. A person's length of stay should not exceed thirty days. Service activities may include assessment, plan development, therapy, rehabilitation, collateral and crisis intervention.

These services may be provided by a social rehabilitation facility or a mental health rehabilitation center certified by the Department of Mental Health.

b. Day Treatment Intensive.

Day treatment intensive under Medi-Cal is a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is open.

c. Day Rehabilitation.

Day rehabilitation under Medi-Cal is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open.

d. Individual Mental Health Rehabilitation.

Individual mental health rehabilitation services under Medi-Cal are those individual therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential services crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. These services include traditional therapy services by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, and psychiatric nurses. Rehabilitation means a service activity that includes assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education

e. Group Mental Health Rehabilitation

Group mental health rehabilitation services under Medi-Cal are those therapies and interventions discussed above under Individual Mental Health Rehabilitation but are provided to two or more individuals.

f. Targeted Case Management.

Targeted case management as a mental health service under Medi-Cal is a service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; and monitoring of the beneficiary's progress.

g. Medication Support Services.

Medication support services under Medi-Cal are those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary. These services include medication management services provided by psychiatrists. These services include psychotropic medication education/monitoring and independent medication management/training as described under item 88.

h. Other services, comments or conditions of note.

2. Medical Health Services.

a. Adult Day Health Care.

Adult day health care as covered by Medi-Cal means an organized day program of therapeutic, social and health activities and services, provided to elderly persons or other persons with physical or mental impairments for the purpose of restoring or maintaining optimal capacity for self-care by an adult day health center. Adult day health center means a licensed center which provides adult day health care, or a distinct portion of a licensed health facility in which such care is provided in a specialized unit, under a special permit issued by the Department of Health Services.

b. Home Health Services.

Home health services are covered by Medi-Cal as specified below when prescribed by a physician and provided at the home of the beneficiary in accordance with a written treatment plan which the physician reviews every 60 days. The plan shall indicate a need for one or more of the following: (1) part-time or intermittent skilled nursing services by licensed nursing personnel; (2) in-home medical care services as provided through a home and community based waiver program; (3) physical, occupational, or speech therapy; (4) medical social services, which means professional services, provided by a person with a master's degree from a recognized school of social work, to assist individuals and groups in their efforts to solve medical-social problems that arise as a result of their illness or disabilities; (5) the services of a home health aide; (6) provision of medical supplies, other than drugs and biologicals; and/or, (7) the use of medical appliances, provided for under an approved treatment plan. Authorizations may be granted for home health agency services only when the beneficiary's medical condition requires either home nursing care or other covered service, exclusive of physician services. In areas served by a home health agency, all home health agency services shall be limited to those provided by approved home health agencies licensed by the Department of Health Services. In areas determined by the Director not to be served by a home health agency, part-time or intermittent skilled nursing care may be furnished by any qualified provider using the services of a registered nurse. These services shall be subject to the same limitations as described in this section and to the same requirements for prior authorization and reimbursement as home health agency services.

c. Durable Medical Equipment.

Durable medical equipment under Medi-Cal means equipment, such as wheelchairs, prescribed by a licensed practitioner to meet medical equipment needs of the individual that can withstand repeated use, is used to serve a medical purpose, is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly, and is appropriate for use in or out of the individual's home.

d. Physical/Occupational/Speech Therapies.

Physical therapy under Medi-Cal means treatment prescribed by a physician, dentist or podiatrist of any bodily condition by the use of physical, chemical and other properties of heat, light, water, electricity or sound, and by massage and active, resistive or passive exercise.

Occupational therapy under Medi-Cal means services prescribed by a physician, dentist or podiatrist to restore or improve a person's ability to undertake activities of daily living when those skills are impaired by developmental or psycho-social disabilities, physical illness or advanced age.

Speech pathology services under Medi-Cal mean services for the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions.

e. Other services, comments or conditions of note.

3. <u>Community Support Services</u>

a. Adult/Older Adult System of Care.
County mental health departments offer a range of services to adults and older adults with serious mental disorders that are severe and persistent over time, cause behavioral functioning that interferes substantially with primary activities of daily living and may result in an inability to maintain stable adjustment and independent functioning without treatment, support and rehabilitation for a long or indefinite period of time. County mental health departments provide services to these individuals in a system of care that is client-centered, culturally competent, and incorporates community support and self-help. To the extent resources are available in each county, clients may obtain services to meet their needs, including mental health treatment, housing, supported and competitive employment, socialization, education, rehabilitation, legal assistance, money management, and mental health treatment. To the extent resources are available, county mental health departments may also provide information, counseling, and other services for family members or other significant persons in the clients' lives.

b. Peer Support/Self-Help Services.

Peer Support/Self-Help Services are voluntary services based on self-determination and provide a range of social, rehabilitative and survival services, including drop-in centers, peer education and mutual support.

c. In-Home Support Services (IHSS) residual program.

The In-Home Supportive Services (IHSS) Program pays for <u>supportive</u> services for eligible individuals and is intended to be an alternative to out-of-home care, including hospitalization. The IHSS Program provides for supportive services to assist eligible individuals who are unable to remain safely in their own homes without this assistance and make it possible for eligible persons to maintain an independent living arrangement. To be eligible an individual must meet the income eligibility criteria and be over 65 years of age, or disabled, or blind. Disabled children are also eligible for IHSS.

Due to a statutorily established maximum monthly IHSS program service level, IHSS cannot meet an individual's 24-hour service need. In many cases other resources must be available to IHSS program recipients to enable the recipient to fully meet their need for supportive services and to enable the individual to remain safely in their own home.

IHSS program services are not covered in licensed or unlicensed board and care facilities, community care facilities, or medical facilities.

The types of services that can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing and grooming), accompaniment to medical appointments, and protective supervision for the mentally impaired.

Protective supervision is available for monitoring the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons. Protective supervision is not available for: a) friendly visiting or other social activities; b) when the need is caused by a medical condition and the form of the supervision required is medical; c) in anticipation of a medical emergency; and d) to prevent or control anti-social or aggressive recipient behavior.

The IHSS program is administered at the local level in each county by the county welfare department or other county department, or by another local agency, such as a Public Authority. IHSS program services are authorized after a county social worker completes a needs assessment.

IHSS program regulations allow an otherwise eligible individual who is currently institutionalized but who is capable of living safely in their own home if IHSS is provided, to receive an IHSS needs assessment. IHSS commences upon the individual's return to their home.

Individuals who are determined to be 'non-severely' impaired based on the IHSS needs assessment and statutory criteria, can be authorized up to 195 hours per month of IHSS program services. Individuals who are determined to be 'severely' impaired based on the IHSS needs assessment and statutory criteria, can be authorized up to 283 hours per month of IHSS program services.
For the majority of people who qualify for IHSS type services, the in-home care benefits are provided for under the Personal Care Services Program (PCSP), which is a Medi-Cal benefit. When individuals are approved for IHSS, they must usually hire someone (their individual provider) to perform the authorized services. The individual is considered the provider's employer and, therefore, it is the individual's right to hire, supervise, and fire the provider.

In some counties, the county's IHSS program may have contracted with a contractor to provide IHSS providers that may be selected by the IHSS eligible person. In some counties, the county's IHSS program has homemaker employees, the IHSS eligible person may receive services from a county homemaker.

In many counties, the county has established an IHSS Public Authority or Non-Profit Consortium. Each Public Authority and Non-Profit Consortium is statutorily required to assist IHSS recipients to find an IHSS care provider through the establishment of a registry, investigate the qualifications and background of registry providers and establish a referral system under which IHSS providers are referred to recipients. Under many circumstances IHSS providers may be parents, spouses or children of the individuals authorized to receive IHSS program services.

d. Personal Care Services Program (PCSP).

PCSP is a Medi-Cal benefit that provides services similar to those provided by the IHSS program. PCSP services include personal care services and ancillary services authorized by county social services staff in accordance with a plan of treatment and limited to a maximum of 283 hours per month. Personal care services include: (1) assisting with ambulation; (2) bathing and grooming; (3) dressing; (4) bowel, bladder and menstrual care; (5) repositioning, transferring, skin care, and range of motion exercises; (6) feeding, hydration assistance, cleaning face and hands as necessary following meal; (7) assistance with self administration of medications; (8) respiration limited to nonmedical services such as assistance with self-administration of oxygen, assistance in the use of a nebulizer, and cleaning oxygen equipment; and, (9) paramedical services.

Ancillary services, which may be subject to time per task guidelines, include:
(1) domestic services, limited to (A) sweeping, vacuuming, washing and waxing of floor surfaces, (B) washing kitchen counters and sinks, (C) storing food and supplies, (D) taking out the garbage, (E) dusting and picking up, (F) cleaning oven and stove, (G) cleaning and defrosting refrigerator, (H) bringing in fuel for heating or cooking purposes from a fuel bin in the yard, (I) changing bed linen, (J) miscellaneous domestic services (e.g., changing light bulbs and wheelchair cleaning, and changing and recharging wheelchair batteries); (2) laundry services, which include washing and drying laundry; (3) reasonable food shopping and errands, including phoning in and picking up prescriptions and buying clothing; (4) meal preparation and cleanup; (5) accompaniment to and from appointments with physicians, dentists and other health practitioners and accompaniment to the site where alternative resources provide in-home supportive services to the beneficiary in lieu of IHSS; (6) heavy cleaning; and, (7) light work in the yard for removal of high grass or weeds and rubbish when this constitutes a fire hazard and removal of ice, snow or other hazardous substances from entrances and essential walkways. Ancillary services may not be provided separately from personal care services listed above.

PCSP are not covered in facilities licensed by the California Department of Health Services or residents of community care facilities or residential care facilities for the elderly licensed by the Community Care Licensing Division of the State Department of Social Services.

e. Program of All-Inclusive Care for the Elderly.

The Programs of All Inclusive Care for the Elderly (PACE) are Medi-Cal managed care contracts that provide the full continuum of medical, social and long term care services to nursing home eligible Californians age 55 and over. One of PACE's most notable features is its use of an adult day health care center as the primary means of delivering the full range of medical and long term care services to enrollees. PACE programs receive a monthly capitated payment from Medicare and Medicaid for all eligible enrollees. Currently, these programs are operational in Los Angeles, Oakland, Sacramento, and San Francisco. Recent federal legislation made PACE a permanent provider under Medicare and a State option under Medicaid and greatly expanded the opportunity for increasing the number of PACE programs nationally.

f. Adult Day Care.

Adult Day Care centers are community-based programs licensed by the Department of Social Services that provide non-medical care to persons 18 years of age or older in need of personal care services, supervision or assistance essential for sustaining the activities of daily living or for the protection of the individual. They are not residential facilities. Persons who benefit from adult day care include individuals with Alzheimer's disease or a related dementia, those who are socially isolated and at risk for poor nutrition, depression or abuse, and anyone who needs daytime supervision care. In addition, the caregiver receives the benefit of respite from 24-hour caregiving duties. The types of services typically provided by Adult Day Care centers include: therapeutic activities, health monitoring, supervision, personal care/ assistance with activities of daily living (ADLs), nutritional meals and snacks, caregiver support groups or referral to other programs. Adult Day Care center programs are funded through a variety of sources: client fees (out-of-pocket) account for the major source of funding, Federal Older Americans' Act funds through area agencies on aging, scholarships from caregiver resource centers, public and private grants, donations, gifts, etc., long term care insurance, if a community-based insurance product is available. These programs are not eligible for Medi-Cal reimbursement. Low-income persons may be eligible for reduced fees and scholarships.

g. Home-delivered and Congregate Meals for the Elderly.

Home delivered meal services and congregate nutrition services are administered by the California Department of Aging with funding from the federal Older Americans Act and state general fund. Dollars are administered through the network of Area Agencies on Aging and their service providers. The services are available to Californians 60 years of age or older, with preference given to those in greatest economic or social need and to low-income multi-ethnic individuals. Participants are provided an opportunity to contribute to the cost of the meal. Meals must meet nutritional standards by providing a minimum of one-third of the Recommended Dietary Allowance (RDA). Home Delivered Meal Services are available to people, age 60 or older, who are homebound by reason of illness, incapacity, or disability, or who are otherwise isolated. Because homebound meal recipients are typically older and more frail, they are usually referred to the program by a hospital, a family member, or other referral service. Most home-delivered meal programs provide their clients with a hot meal five days a week delivered by staff or volunteer drivers. In addition, nutrition education is provided. Congregate Nutrition Services provide meals in a group setting. Congregate nutrition services also include nutrition education, nutrition counseling and opportunities for socialization. People eligible for these nutrition services are 60 years of age or older, handicapped or disabled individuals meeting specific criteria, spouses of eligible participants regardless of age, and volunteers who provide needed services during meal hours. Program facilities and operations conform to health and safety standards and provide safe, wholesome and nutritious meal services. (Note – nutrition counseling not universally available)

h. Respite Care Services.

The Respite Program through the California Department of Aging provides temporary or periodic services for frail elderly or adults with functional impairments to relieve persons who are providing care, or recruiting and screening of providers and matching respite providers to clients. See also Home and Community-Based Waiver Programs below.

i. Vocational Rehabilitation for Employment.

The State Department of Rehabilitation's vocational rehabilitation services program assists Californians with disabilities obtain and retain employment and maximize their ability to live independently in their communities. The Department develops, purchases and provides vocational rehabilitation services, with a priority on service for persons with the most severe disabilities. There are over 100 field offices located throughout California. Vocational rehabilitation services may include, but are not limited to: counseling and guidance, referrals and assistance to obtain services from other agencies, job search and placement assistance, vocational and other training services, diagnosis and treatment of physical and mental impairments, transportation required to participate in services, on-the-job or personal assistance services, interpreter services, rehabilitation and orientation/mobility services for individuals who are blind, occupational licenses, tools, equipment, initial stocks and supplies, technical assistance for self-employment, rehabilitation assistive technology, supported employment services, and services to the family. County mental health departments also provide vocational rehabilitation focused specifically on clients with mental health needs to assist these individuals to prepare for, obtain, and maintain employment.

j. Independent Living Center.

An independent living center is a consumer controlled, community based, cross disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities. Independent living services are services that maximize a person’s ability to live independently in the environment of their own choosing. Consumer controlled means the center vests power and authority in individuals with disabilities; community based means it is designed by and for the local community; cross disability means that it serves persons with all types of disabilities; non-residential means that centers do not operate any type of residential facility. The Department of Rehabilitation provides technical assistance and financial support to California's 29 independent living centers.

k. Other services, comments or conditions of note.

4. <u>Home and Community Based Waiver Programs</u>

a. AIDS Waiver.

Medi-Cal eligible individuals who have been diagnosed with symptomatic HIV or symptomatic AIDS and would otherwise require nursing facility level of care and children under age 13 who have HIV/AIDS may be eligible for participation in the AIDS home and community-based services waiver program. The program provides Medi-Cal services, in addition to Medi-Cal state plan services, only available to waiver participants that allow these individuals to remain in or return to the community, even though they require the nursing facility level of care. Participation in the waiver program is subject to the eligibility criteria, limits on the total number of participants in the program, limits on the amount and duration of the waiver services, and limits by county. The additional Waiver services available are: 1) case management (includes such things as assistance in gaining access to other services and monitoring); 2) homemaker services (general household activities, e.g., meal preparation and routine household care) that are provided on temporary basis by a person meeting State standards of education and training, and are in addition to, not in place of, authorized personal care/IHSS services (see B.3, Community Support Services below); 3) environmental accessibility adaptations (minor physical adaptations to the home); 4) skilled nursing; 5) transportation (limited to non-emergency medical transportation to health and social service providers); 6) specialized medical equipment and supplies to increase abilities to perform activities of daily living, including items immediately necessary for life support and to prevent institutionalization; 7) attendant care (specific hands-on care, of both a supportive and health-related nature, supervised by a registered nurse); and, 8) other services that are cost-effective and prevent institutionalization, including psychosocial counseling, nutritional supplements, home-delivered meals, and nutritional counseling.

b. Multipurpose Senior Services Program Waiver.

Medi-Cal eligible individuals who are 65 years of age or older and receiving Supplemental Security Income (SSI) and would otherwise require nursing facility level of care may be eligible to participate in the Multipurpose Senior Services Program waiver (MSSP). In addition, individuals who are or would be eligible for Medi-Cal as a result of their placement in a nursing facility and who meet the other eligibility and program criteria may be eligible to participate in the waiver program, obtaining or retaining Medi-Cal eligiblity through waiver participation. The program provides Medi-Cal services that allow these individuals to remain in or return to the community, even though their needs would make them otherwise eligible for placement in a nursing facility. Participation in the waiver program is subject to the eligibility criteria, limits on the total number of participants in the program, and limits on the amount and duration of the waiver services. The additional Waiver services available are: 1) case management (includes such things as assistance in gaining access to other services and monitoring); 2) transitional case management (upon full implementation of this service, allows services to begin up to 180 days prior to discharge from institutions); 3) chore services (household support/performance of tasks such as cleaning, laundry, shopping, etc.); 4) home health aide/skilled nursing provided by licensed/certified personnel; 5) personal care to maintain personal and environmental hygiene, including payment to retain a provider for a seven day period while a client is institutionalized; 6) professional care assistance supervised by a certified nursing assistant or home health aide; 7) respite care (temporary, non-medical care and supervision by one other than the regular caregiver); 8) restoration of utilities (if all other resources have been fully utilized); 9) environmental accessibility adaptations/housing assistance including minor home repairs and maintenance that do not involve structural components (ramps, grab bars, etc.), non-medical home equipment (assistive devices, appliances and supplies), emergency move assistance (facilitating smooth transition from one living situation to another), and temporary lodging (payment of lodging necessitated by distant treatment; primarily rural areas); 10) transportation to waiver and community services and activities and resources specified by the plan of care); 11) a personal emergency response system for those vulnerable to medical emergencies (mechanical/electronic communication devices); 12) adult day support center (community programs providing non-medical care to functionally impaired adults); 13) adult day care (community programs; social setting with less supervision/services than a Support Center (see B.3. below)); 14) protective supervision (insures 24 hour supervision for those frail and at risk for a medical emergency to prevent immediate placement); 15) meal services (congregate setting or home delivered meals; food staples to facilitate return to home); 16) protective services (from self or external physical or mental conditions); 17) social reassurance (telephone contact, etc., to offset crisis or isolation; following the plan of care); 18) therapeutic counseling (individual or group to assist with social, psychological or medical problems); 19) money management (assistance in effective handling of personal finances); 20) communication/translation services (linkage with social or medical services and for general independence); and, 21) physical and occupational therapy services and speech, hearing and language services above the normal Medi-Cal limits for these services.

c. Nursing Facility Waiver A/B Waiver.

The Nursing Facility A/B waiver program is available to Medi-Cal beneficiaries who have a physical disability and who, in the absence of the waiver services, would require the nursing facility level of care for at least 365 consecutive days. Individuals who are or would be eligible for Medi-Cal as a result of their placement in a nursing facility and who meet the other eligibility criteria are eligible to participate in the waiver programs, obtaining or retaining Medi-Cal eligibility through waiver participation. The programs provide Medi-Cal services in addition to the available waiver services (up to the point of program cost-neutrality) in order to allow these individuals to remain in or return to the community, even though they require the nursing facility level of care. Participation in the waiver program is subject to the eligibility criteria, limits on the total number of participants in the program, and limits on the amount and duration of the waiver services. The additional Waiver services available are: 1) case management (includes such things as assistance in gaining access to other services and monitoring); 2) home health aide services; 3) environmental accessibility adaptations; 4) private duty nursing services; 5) individual nurse providers; 6) personal emergency response system ("help" button connected to telephone and as described in the waiver); 7) family training (instruction and training to care providers); 8) respite care; 9) personal care services (includes attendant and companion services; 10) waiver service coordination; 11) utility coverage of the portion directly attributable to life sustaining medical equipment, e.g., feeding pumps and monitors; and, 12) shared private duty nursing services (services provided to two individuals in the same home).

d. Nursing Facility Subacute Waiver.

The Nursing Facility Subacute waiver program is available to Medi-Cal beneficiaries who have a physical disability and who, in the absence of the waiver services, would require the subacute nursing facility level of care for at least 180 consecutive days. The subacute level of care applies to individuals who have a chronic illness, are stable and require medical technology, e.g., a ventilator. Individuals who are or would be eligible for Medi-Cal as a result of their placement in a nursing facility and who meet the other eligibility criteria are eligible to participate in the waiver programs, obtaining or retaining Medi-Cal eligibility through waiver participation. The programs provide Medi-Cal services in addition to the available waiver services (up to the point of program cost-neutrality) in order to allow these individuals to remain in or return to the community, even though they require the nursing facility level of care. Participation in the waiver program is subject to the eligibility criteria, limits on the total number of participants in the program, and limits on the amount and duration of the waiver services. Program services are comparable to those described above under the Nursing Facility Waiver A/B Waiver.

e. <u>In-Home Medical Care Waiver</u>.

The IHMC Waiver is available to individuals who have a physical disability and who, in the absence of the waiver services, would require the hospital level of care for at least 90 consecutive days. The hospital level of care applies to individuals who have substantial care needs over a 24-hour period, including those who have changes in their condition which would require the presence of a licensed nurse to provide periodic assessment and interventions, based upon a prescribed plan of care, such as two or more of the following: (1) Traumatic or acquired neuromuscular impairment, (2) A complex debilitating illness, and/or (3) Technology dependent for more than 50% of the day.

f. Other services, comments or conditions of note.

EVALUATION INFORMATION AND CERTIFICATION

91. <u>Evaluation Start Time and End Time</u>

Record approximate evaluation time and round trip mileage.

92. <u>Level II Evaluator</u>

Print name and licensure of evaluator and enter the date of evaluation. Affix signature in ink.

93. <u>Physical History and Examination Certification by Medical Director</u>

The Medical Director is responsible for reviewing and certifying the physical health history, medications, and physical examination Certification by a DMH-approved Medical Director or other licensed physician is required. Print name and title of Medical Director or other physician and enter date of certification. Affix signature in ink.

94. Overall Certification by Quality Assurance Director

All PASRR/MI evaluations and recommendations must be certified by a licensed psychologist or licensed clinical social worker in the role of Quality Assurance Director. This certification verifies that the psychologist or licensed clinical social worker has reviewed each Level II evaluation and concurs with the treatment recommendations before it is transmitted to the DMH. This certification is an integral part of the quality assurance process that provides the QA Director with information regarding the ongoing performance and training needs of evaluators.

SECTION IV

APPENDICES

DEPARTMENT OF MENTAL HEALTH
LEVEL II – PASRR

I D E N T I F I C A T I O N

DMH-ID: LEVEL I:__ / __ / ____

REASON ASSESSMENT WAS NOT COMPLETED: _
REASON: _

1) DMH-ID:

2) MEDI-CAL-ID: ___ - __ - ____ - ___ - __ N/A___

3) SSN: ___ - __ - ____ N/A ____

4) Name - Last: ____________________ First: __________ Initial: _

5) Date Of Birth: __ / __ / ____ Age:__ 6) Sex: _

7)Language Used to Administer This Evaluation:______________________________

a)Was Individual Fluent in This Language?: Y____ N____

b)Did Individual Participate in This Language?: Y____ N_____

c)If “N”, Name of Interpreter: Last:___________________ First:____________

d)Interpreter's Relationship to Individual:_________________________________

e)Individual’s Language________________________________

8) a) Facility Name: ________________________ b)Facility Number:_____________

9) Facility County Code:

10) Date Of Current NF Admission: __ / __ / ____ 11) Months/Current NF:

12) Legal Class Code: __

13) Level 1: __ / __ / ____ 14) Level 2: __ / __ / ____ 15) PAS RR ER RRR

16) Date of Last MDS: _ / __ / __

Other: ______________________________ Date:_________________

17) Admitted From: _

Other: ______________________________ (MDS Section AB.2)

18) Zip Code Of Prior Primary Residence: _____ (MDS Section AB.4)

19) Occupation: _____________________ (MDS Section AB.6)

20) Education: _ (MDS Section AB.7)

21) Marital Status: _ (MDS Section A.5)

22) Conservator Name: ___________________________________ N/A ____

23) Conservator Address: Street Name: ________________________________
City: ____________________ State: __________________ Zip: _________

24) Participants:a.__Individual b.__Family member c.__Friend

d.__Conservator e.__Other:__________)

DEPARTMENT OF MENTAL HEALTH
LEVEL II – PASRR
P S Y C H O S O C I A L   A S S E S S M E N T

25) INDIVIDUAL GOALS

a)Housing/Living Goal:(check and rank those that best describe the goals client said)
i.__Live alone ii.__Live with roommate(s) iii.__Live with family
iv.__Group home v.__Nursing facility vii.__Other:________________

b)Finance/Vocation Goal:(check and rank those that best describe the goals client said)
i.__Work in competitive FT/PT ii.__Volunteer Work iii.__Attend school/class iv.__Not interested in work or school v.__Other:_________

c)Relationships/Family:(check and rank those that best describe the goals client said)
i.__Improve contacts ii.__Increase contacts iii.__All okay/No Family
iv.__Other:_____

d)Relationships/Peers:(check and rank those that best describe the goals client said)
i.__More contacts with friends ii.__Improve quality of contacts with friends iii.__Make new friends iv.__All okay v.__Other:____________

e)Health/Physical:(check and rank those that best describe the goals client said)
i.__Lose weight ii.__Gain weight iii.__Reduce pain/discomfort
iv.__Exercise more v.__Sleep better vi.__Improve mobility vii.__Improve thinking/memory viii.__Improve vision ix.__Better hearing x.__No Goal
xi.__Other:_____

f)Health/Mental:(check and rank those that best describe the goals client said)
i.__Feel happier ii.__Reduce anxiety iii.__Reduce anger
iv.__Think more clearly v.__Reduce drug/alcohol use
vi.__Stop hallucinations vii.__Other:_______________

26) INDIVIDUAL'S REPORT OF PERFORMANCE OF BASIC LIVING SKILLS

Level of Assistance Ratings: None=I can do it on my own; Explain=If someone explains what I must do; Physical=If someone physically helps me perform parts of the skill; All=Someone else must do it all for me.

a) Area: FRIENDS
In the past 3 months, DID YOU

Question	Answer Y	Answer N	If NO, assistance client needs to perform the skill: None	Explain	Physical	All
1 have close friends where you lived; someone you spent time with, talked to, and did things with, more than just said hello?....................	__	__	___	___	___	N/A
2 have close friends in other places; someone you spent time with, talked to, and did things with?............	__	__	___	___	___	N/A
3 Do you want to make it a goal to improve your friendships and make new friends?............................	__	__				

4 Comments/Observations/Clarifications:____

____

DEPARTMENT OF MENTAL HEALTH
LEVEL II – PASRR

b) Area: PERSONAL HYGIENE

In the past 2 days, DID YOU

Question	Answer Y	Answer N	If NO, assistance client needs to perform the skill: None	Explain	Physical	All
1 take a shower or bath on your own?....	__	__	___	___	___	___
2 brush your teeth on your own?.........	__	__	___	___	___	___
3 brush or comb your hair on your own?..	__	__	___	___	___	___
4 choose your clothes on your own?.	__	__	___	___	___	___
5 dress yourself on your own?...........	__	__	___	___	___	___
6 Do you want to make it a goal to improve your personal hygiene?.........	__	__				

7 Comments/Observations/Clarifications:____

____

c) Area: CARE OF PERSONAL POSSESSIONS

(Time frame is listed in each question)

Question	Answer Y	Answer N	If NO, assistance client needs to perform the skill: None	Explain	Physical	All
1 In the last week, did you wash your clothes on your own?..................	__	__	___	___	___	___
2 In the last 2 days, did you clean your room on your own?....................	__	__	___	___	___	___
3 In the last 2 days, did you make your bed on your own?.....................	__	__	___	___	___	___
4 In the last 2 days, did you put away your clothes on your own?............	__	__	___	___	___	___
5 In the past 3 months, did you keep your possessions and not give them away?................................	__	__	___	___	N/A	N/A
6 Do you want to make it a goal to improve how you take care of your things?..............................	__	__				

7 Comments/Observations/Clarifications:____

____

DEPARTMENT OF MENTAL HEALTH
LEVEL II – PASRR

P S Y C H I A T R I C   H I S T O R Y

27) a. Drug Abuse: _
b. Alcohol Abuse: _

0 = Unknown 1 = None 2 = Mild
3 = Moderate 4 = Severe

28) Age at onset of mental illness __

29) Primary living situation during past year
_ State Hospital _ Nursing Facility
_ Board and Care _ With Family
_ Independent Living _ Other (specify) ____________________

30) No. of Psychiatric hospitalizations in past two years ___

31) Behavioral / Management Problems

	No evidence of:	Number of Days 0-14	15-30	31-60	61-90
a. No. of PRN psychiatric medications in past...........	☐	__	__	__	__
b. No. of times refused medication in past...............	☐	__	__	__	__
c. No. of times abused alcohol until drunk in past.......	☐	__	__	__	__
d. No. of times used street drugs in past................	☐	__	__	__	__
e. No. of times tried to go AWOL in past	☐	__	__	__	__
f. No. of times damaged others' property in past	☐	__	__	__	__
g. No. of times smoked in a hazardous manner in past	☐	__	__	__	__
h. No. of fire setting incidents in past	☐	__	__	__	__
i. No. of times disrobed in public in past	☐	__	__	__	__
j. No. of times engaged in sexual activity that violated the rights of others in past	☐	__	__	__	__
k. No. of times others' property stolen in past	☐	__	__	__	__
l. No. of times verbally assaulted others (yell, scream, swear, call names) in past	☐	__	__	__	__
m. No. of times physically hurt others (hit, pinch, shove, trip) in past	☐	__	__	__	__
n. No. of times tried to hurt self in past	☐	__	__	__	__
o. Other:					

PSYCHIATRIC MEDICATIONS

32) Psychiatric medications taken during the past year:

	Name	Code	Dose (MG)	PRN y/n?	Freq	Daily Total	cd	Purpose desc	cd	Response desc
a.	____________________		____	____	_____	___	___	_______	___	___________
b.	____________________		____	____	_____	___	___	_______	___	___________
c.	____________________		____	____	_____	___	___	_______	___	___________
d.	____________________		____	____	_____	___	___	_______	___	___________
e.	____________________		____	____	_____	___	___	_______	___	___________

f. Long acting psychiatric medication: (code): ___ (dose): ____
Times per: __ week __ 2 weeks __ 3 weeks __ month

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33) Current psychiatric medications:

	Name	Code	Dose (MG)	PRN y/n?	Freq	Daily Total	cd	Purpose desc	cd	Response desc
a.	____		____	____	____	____	____	____	____	____
b.	____		____	____	____	____	____	____	____	____
c.	____		____	____	____	____	____	____	____	____
d.	____		____	____	____	____	____	____	____	____
e.	____		____	____	____	____	____	____	____	____
f.	____		____	____	____	____	____	____	____	____

g. Long acting psychiatric medication: (code): ___ (dose): ____ . __

Times per: __ week __ 2 weeks __ 3 weeks __ month

34) Mask symptoms of MI _ ____
(Specify medication and effect)

35) Mimic psych symptoms: _ ____
(Specify medication and effect)

36) SIDE EFFECTS OF MEDICATION Y = Yes N = No NR = No Response

Ask client: "In the last 3 months, have meds caused you problems like":

Side Effect	Y	N	NR	Side Effect	Y	N	NR	Side Effect	Y	N	NR
thirsty........	_	_	_	tired, sluggish.	_	_	_	dry mouth	_	_	_
nervous, jittery	_	_	_	rigid muscles...	_	_	_	dizziness	_	_	_
blurred vision.	_	_	_	Diarrhea........	_	_	_	jaw movements	_	_	_
constipation...	_	_	_	tremors/shaking.	_	_	_	sunburn	_	_	_
drooling.......	_	_	_	nausea/vomiting	_	_	_	weight gain/loss	_	_	_
headaches......	_	_	_	impotence(males)	_	_	_	appetite change	_	_	_

37) Comments/Observations/Clarifications (optional)

____

____

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38) SYMPTOMS (Individual's Report)

In the past 3 months, have you experienced	Y	N	NR	Answer (If present, describe, including frequency)
a. Thought disorder/Delusions?	__	__	__	EXPLAIN__________
b. Hallucinations?	__	__	__	EXPLAIN__________
c. Anxiety?	__	__	__	EXPLAIN__________
d. Depression?	__	__	__	EXPLAIN__________
e. Suicidal thoughts?	__	__	__	EXPLAIN__________

39) Problem Behaviors (Individual's Report)

In the past 3 months, have you:	Y	N	NR	Answer (If yes, describe, including frequency)
a. used street drugs?	__	__	__	EXPLAIN__________
b. abused alcohol so that you were drunk at least once per month?	__	__	__	EXPLAIN__________
c. physically hurt others (hit, pinch, shove, trip)?	__	__	__	EXPLAIN__________
d. verbally assaulted others (yell, scream, swear, call names)?	__	__	__	EXPLAIN__________
e. tried to hurt yourself?	__	__	__	EXPLAIN__________
f. engaged in sexual activity that violated the rights of others?	__	__	__	EXPLAIN__________
g. smoked in a hazardous manner (in bed, flick ashes in trash, etc)?	__	__	__	EXPLAIN__________
h. damaged others' property?	__	__	__	EXPLAIN__________
i. disrobed in public?	__	__	__	EXPLAIN__________
j. stolen others' property?	__	__	__	EXPLAIN__________
k. tried to go AWOL from a facility?	__	__	__	EXPLAIN__________

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PHYSICAL HEALTH HISTORY

40) Current physical health problems: (MDS Sections G,H,I,J)

a.) _ None

b.) Infectious/Parasitic Diseases (MDS Section I)

1. _ None
2. _ Antibiotic resistant infection
3. _ Clostridium Difficile
4. _ Conjunctivitis
5. _ HIV infection
6. _ Pneumonia
7. _ Respiratory infection
8. _ Septicemia
9. _ Sexually Transmitted Diseases
10. _ Tuberculosis
11. _ UTI in past 30 days
12. _ Viral Hepatitis
13. _ Wound Infection
14. _ Other: ________________________

c.) Neoplasms

_ If yes, specify type: ____

____

d.) Endocrine/Nutritional/Metabolic Disease: (MDS Section I)

1. _ None
2. _ Diabetes Mellitus/Insipidus
3. _ Hyperthyroidism
4. _ Hypothyroidism
5. _ Obesity
6. _ Other: ____________________________

e.) Immunity Disorders: (MDS Section I)

1. _ None
2. _ Cancer
3. _ Other: ______________________________

f.) Blood Diseases: (MDS Section I)

1. _ None
2. _ Anemia
3. _ Other: ______________________________

g.) Nervous System Disorders:

1. _None
2. _Transient Ischemic Attack (TIA)
3. _Cerebral Vascular Accident(CVA)
4. _ Aphasia
5. _Alzheimer's Disease
6. _Pick's Disease
7. _Multiple Sclerosis (MS)
8. _Parkinson's Disease
9. _Huntington's Disease
10. _Seizure Disorder
11. _ Dementia other than Alzheimer's
12. _Traumatic Brain Injury
13. _Hemiplegia/Hemiparesis
14. _Paraplegia
15. _Quadraplegia
16. _Anoxia
17 .Other Nervous System Disorders: ______________________________

h.) Heart/Circulatory System Diseases:

1. _ None
2. _ Arterioscleerotic Heart Disease
3. _ Cardiac Dysrhythmias
4. _ Congestive Heart Failure
5. _ Deep Vein Thrombosis
6. _ Hypertension
7. _ Hypotension
8. _ Peripheral Vascular Disease (e.g. Edema or Reyes Syndrome)
9. _ Other: ______________________________

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i.) Respiratory System Diseases:
1. _ None
2. _ Asthma
3. _ Emphysema
4. _ COPD—
5. _ Other: ______________________________

j.) _ Gastrointenstinal Disease
1. _ None

k.) _ Genitourinary Disease
1. _ None

l.) Dermatological Diseases:
1. _ None
2. _ Decubitus ulcers
3. _ Other: ______________________________

m.) Musculo-Skeletal Diseases:
1. _ None
2. _ Fractures
3. _ Arthritis
4. _ Osteoporosis
5. _ Tardive Dyskinesia
6. _ Other: ____________________________

n.) Congenital/Perinatal Disorders:
1. _ None
2. _ Mental Retardation
3. _ Cerebral Palsy
4. _ Other: ______________________________

o.) Sensory Disorders:
1. _ None
2. _ Cataracts
3 _ Diabetic Retinopathy
4. _ Glaucoma
5. _ Macular Degeneration
6. _ Hearing Impairment
7. _ Other _______________________

p.) Other
1. _ None
2. _ Renal Failure
3. _ Allergies
4. _ Other ______________________________

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P H Y S I C A L   E X A M I N A T I O N

41) Date of last physical exam: __ / __ / ____

42) a) Computer Calculated Number of Days between last physical and Level II date: ____
b) Was Exam done within the last 90 days: ___ (Yes or No)

If date is beyond 90 days, an updated physical exam must be completed before evaluation is sent to DMH.

43) Vital Signs:
a. Blood Pressure: _______
b. Pulse Rate: ___
c. Respiratory Rate: __

44) Physical Appearance: _ (1 = good, 2 = fair, 3 = poor)

45) Systemic Examination:

	Finding	Source
a. HEENT................	_	_
b. Skin.................	_	_
c. Chest/Heart..........	_	_
d. Respiratory..........	_	_
e. Gastrointestinal.....	_	_
f. Rectal...............	_	_
g. Genitourinary........	_	_
h. Musculoskeletal......	_	_
i. Lymphatic............	_	_
j. Neurological:		
1. Cranial nerves	_	_
2. Sensory	_	_
3. Motor	_	_
4. Reflexes	_	_
5. Gait	_	_

Finding
1 = Normal
2 = Abnormal

Source
3 = Exam
4 = Record
5 = Refused

46) Physical Examination Comments:

____
____
____
____
____
____
____
____

Skilled Nursing Procedures and Therapies

47) Skilled Nursing Procedures and Therapies Required:
(Check all that apply)

MDS Section P:	Y	Comments/Freq/Duration (Optional)
a. Physical restraints	__	____________________
b. Posey restraints	__	____________________
c. Oxygen therapy	__	____________________
d. Ventilator/respirator	__	____________________
e. Tracheostomy care	__	____________________
f. Catheter/Ostomy care	__	____________________
g. Dialysis	__	____________________

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h. Intake/Output __ ______________________________
i. Decubitus care __ ______________________________
j. Suctioning __ ______________________________
k. IV feeding/fluids __ ______________________________
l. Injections __ ______________________________
m. Tube feeding __ ______________________________
n. Special diet __ ______________________________
o. Meds admin/monitor __ ______________________________
p. Radiation __ ______________________________
q. Chemotherapy __ ______________________________
r. Maint acute med cond __ ______________________________
s. Pain management __ ______________________________

Y Comments/ Care Level (1-4)/Freq/Duration
t. Bladder Incont. Care __ ______________________________
u. Bowel Incont. Care __ ______________________________
v. NONE __ ______________________________
w. Other ______________ __ ______________________________

(MDS Section H)

48) Therapies:
(Check all that apply currently)

Y Comments/Freq/Duration (Optional)
a. Speech/Language __ ______________________________
b. Occupational Therapy __ ______________________________
c. Physical Therapy __ ______________________________
d. Alzheimer's or other Dementia Care __ ______________________________
e. Hospice Services __ ______________________________
f. Continence Retraining __ ______________________________
g. Vocational Therapy __ ______________________________
h. None __ ______________________________
i. Other _______________ __ ______________________________

(MDS Section P)

49) Physical health aids used or required: (MDS Sections C, D, L)
(check all that apply)
a. _ None
b. _ Eyeglasses
c. _ Hearing Aid
d. _ Dentures
e. _ Other: ____

50) Ambulation (Check all that apply) (MDS Section G and P)
a. _ Fully Independent
b. _ At risk for falls
c. _ Uses Cane or Walker
d. _ Walks Only with Assistance
e. _ Uses Wheel Chair Independently
f. _ Uses Wheel Chair/Must be pushed
g. _ Chairfast or Needs Posey Support
h. _ Bedfast
i. _ Transfers to toilet/bed from wheel chair
j. _ Resists using assistive devices
k. _ Other ___________________________

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C U R R E N T C O G N I T I V E S T A T U S

MINI MENTAL STATE EXAM (MMSE)

51) _Level of Consciousness:(enter 1 –4) 1=Alert 2=Drowsy 3=Stupor 4=Coma

52) Orientation: (Record resident's responses in full)

a. What is your full name? ______________________________
_ Correct _ Incorrect

b. When were you born?________________________ _ Correct _ Incorrect

c. What is the date today? __ Month __ Day __ Year _ Score (0-3)
Other response: ______________________________

d. What is the day of the week? _________ What season is it? __
_ Score (0-2)

e. Where are we now? ____________ State ____________ County____________

Town ____________ Place ____________ Room _ Score (0-5)

f. Why are you here? ______________________________

____

_ Correct _ Incorrect

53) Immediate Verbal Recall/Learning:
a. Repeat these words: airplane, piano, orange. Score: _ (0-3)
b. Repeat all words until Resident has learned them all.
Trials to Criterion: ___

54) Mental Control:
a. Count backwards from 100 by 7. Continue subtracting 7 until I ask you to stop. ___ 93 ___ 86 ___ 79 ___ 72 ___ 65

b. Spell 'WORLD' backwards _ _ _ _ _
d l r o w

Enter the score from a. or b., whichever is higher: Score: _ (0-5)

55) Short-Term Recall of 3 Words: _____________ _____________ _____________
Score: _ (0-3)

56) Attention: Repeat: 8-3-5-2-9-1 ______ _ Correct _ Incorrect

57) Construction:
a. Copy this design, please. Score: _ (0-1)
If incorrect, describe drawing errors: ______________________________

____

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58) Naming:

a. What is this? (point to pencil or pen) ________________ Score: _ (0-1)

b. What is this? (point to watch) ________________ Score: _ (0-1)

c. What is this? (point to your chin) ________________ _ Correct _ Incorrect

d. What are these? (point to knuckles) ________________ _ Correct _ Incorrect

59) Reading: (Show Reading Card - CLOSE YOUR EYES)

a. Please do what it says.____ Score: _ (0-1)

b. What does this say?____ _ Correct _ Incorrect

60) Writing: Write a sentence, please.____
____ Score: _ (0-1)

61) Repetition: Repeat this sentence: "No ifs, ands, or buts." Response:
____ Score: _ (0-1)

62) Verbal Comprehension:

a. Take this paper in your right hand. Score: _ (0-1)
b. Fold it in half Score: _ (0-1)
c. Put it on the floor Score: _ (0-1)
d. Response: ____

63) Verbal Memory-Delayed Recall: Can you remember any of the words we practiced a little while ago?

Words	Response	Category Prompt	Response	Recognition (Check)
Airplane	__________	Transportation	__________	_ Car _ Airplane _ Boat
Piano	__________	Musical Instrument	__________	_ Violin _ Guitar _ Piano
Orange	__________	Color	__________	_ Red _ Orange _ Yellow
# Free Recall __		# Category Prompt __		# Recognition __

64) Figural Memory-Delayed Recall: From memory, draw the design you drew a few minutes ago. _ Correct _ Incorrect
If incorrect, describe drawing errors:____
____

65) Abstract Thinking:

a. A dog and a lion are alike in that they are both animals. How are a shovel and a rake alike?
____
Category: Concrete: _ Other: _

b. What does this saying mean? A rolling stone gathers no moss.
____

66) Judgment:

a. What would you do if you were here in bed, and you were the first person to see smoke and fire?
____
_ Correct _ Incorrect

b. What do you think is the right thing to do if you find you will be late for a doctor's appointment?
____
_ Correct _ Incorrect

67) Grand Total MMSE Score: (0-30)

Norm Table Cutoff Value: Percent Difference: . %

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C U R R E N T M E N T A L S T A T U S E X A M

For all items enter:

1 = None
2 = Mild
3 = Moderate
4 = Severe

68) Appearance:
- a. _ Unkempt
- b. _ Malodorous
- c. _ Inappropriate/bizarre dress or makeup

69) Behavior:
- a. _ Uncooperative
- b. _ Agitated(yells/screams)
- c. _ Restless/hyperactive
- d. _ Distractible
- e. _ Withdrawn
- f. _ Psychomotor retardation
- g. _ Tics
- h. _ Bizarre/incongruent behaviors

70) Attitude:
- a. _ Belligerent
- b. _ Dependent
- c. _ Manipulative

71) Speech:
- a. _ Selectively mute
- b. _ Slowed, low-toned
- c. _ Circumstantial
- d. _ Pressure/rapid
- e. _ Clanging/perverserate
- f. _ Incoherent

72) Thought Process:
- a. _ Irrelevant
- b. _ Blocking
- c. _ Flight of ideas
- d. _ Loose associations

For all items enter:

1 = None
2 = Mild
3 = Moderate
4 = Severe

73) Thought Content:
- a.) Hallucinations:
  - 1. _ command-type
  - 2. _ visual
  - 3. _ auditory
  - 4. _ olfactory
  - 5. _ tactile
- b.) Delusions:
  - 1. _ bizarre content
  - 2. _ grandiose
  - 3. _ persecutory
  - 4. _ somatic
- c.) _ Ideas of Reference
- d.) _ Homicidal Ideation
- e.) Suicidal Ideation/Risk
  - 1. _ Plan
  - 2. _ Thoughts
  - 3. _ Other: ____

For all items enter:

1 = None
2 = Mild
3 = Moderate
4 = Severe

74) Affect/Mood:	(observed)	(reported/2 wks)
a. Angry	_	_
b. Flat/Blunted/feeling little/ no emotion	_	_
c. Inappropriate to content	_	_
d. Depressed/Sad/Hopeless	_	_
e. Anxious/Fearful/Feeling tense shaky	_	_
f. Elated/Expansive/Grandiose	_	_
g. Labile/Emotions change rapidly ...	_	_
h. Other: ______________________	_	_

75) Neurovegetative Signs:	(current)	(reported/2 weeks)
a. Sleep (hypersomnia/insomnia)	_	_
b. Significant Appetite/Weight change	_	_
c. Other: ______________________ ...	_	_

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C U R R E N T P L A C E M E N T P O T E N T I A L

76) Personal care activities

a. _ Bathing
b. _ Dressing
c. _ Grooming
d. _ Eating
e. _ Using Toilet

1 = Fully Independent
2 = Needs Reminders
3 = Needs Supervision
4 = Needs Physical Assist
5 = Needs Total Care

77) If placed in the community could the Individual:

Rating by evaluator	Source	Rating by individual	Other
a. _ Obtain Food?	_	__	____________
b. _ Prepare Meal?	_	__	____________
c. _ Obtain shelter?	_	__	____________
d. _ Clean residence?	_	__	____________
e. _ Obtain clothing?	_	__	____________
f. _ Do laundry?	_	__	____________
g. _ Take Medication?	_	__	____________
h. _ Budget Money?	_	__	____________
i. _ Keep Clinical Appt's?	_	__	____________
j. _ Seek Medical Assistance?	_	__	____________
k. _ Maintain Employment?	_	__	____________
l. _ Use Public transport?	_	__	____________
m. _ Community Activities?	_	__	____________

(rating)
1=Independent
2=With supervision
3=With assist
4=Not able
5=Unable to rate

(source)
1=individual
2=conservator/family
3=record
4=staff
5=current assessment
6=other (who/what)

78) IF PLACED IN THE COMMUNITY WOULD THE RESIDENT REFRAIN FROM:

Rating	Source		Other
a. _ Using Street Drugs?	__.....	...	____________
b. _ Abusing Alcohol?	__.....	...	____________
c. _ Wandering?	__.....	...	____________
d. _ Trying to Go AWOL?	__.....	...	____________
e. _ Trying to Hurt Self?.........	__.....	...	____________
f. _ Verbally Assaulting Others?..	__.....	...	____________
g. _ Smoking in a hazardous manner?	__.....	...	____________
h. _ Fire Setting?...............	__.....	...	____________
i. _ Damaging Others' Property?...	__..		____________
j. _ Physically Hurting Others?...	__..		____________
k. _ Stealing Others' Property?...	__..		____________
l. _ Engaging in sexual activities that violate the rights of others?........	__..		____________
m. _ Disrobing in Public?.........	__..		____________
n. _ Refusing Medication?.........	__..		____________
o. _ Other: ______________.........	__..		____________

(rating)
1=yes
2=with periodic monitoring
3=with ongoing treatment
4=not able
5=unable to rate

(source)
1=individual
2=conservator/family
3=record
4=staff
5=current assessment
6=other (who/what)
7=no information found

79) Individual Strengths (list positive traits and personal attributes):

____

____

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80) Has the individual:
   a. been free of placement problems in the community? _ Yes _ No _ Unknown
   b. been treated in an STP Facility? _ Yes _ No _ Unknown
   c. If yes, was the individual successful in the program? _ Yes _ No _ Unknown
   d. If treated in STP but not successful, indicate year of prior STP admission and briefly describe why placement failed:
   ____

81) Does the individual have friends or relatives to provide care in the community? _ Yes _ No _ Unknown

82) Individual wishes to: (select only one of the following)
   a. _ Stay in current facility
   b. _ Transfer to another facility
   c. _ Discharge to Board and Care
   d. _ Discharge to Independent living
   e. _ Discharge to Family
   f. _ Other: ______________________________

83) Discharge potential recorded on latest MDS: _

   0=No discharge plans
   1=Discharge within 30 days
   2=Discharge within 31-90 days
   3=Discharge status uncertain
   4=Not available (MDS)

84) Enter discharge potential of individual: _ 1=Good 2=Fair 3=Poor

85) Additional Information/Clarification of Clinical Inconsistencies
____
____
____
____

D I A G N O S I S

86) DSM IV TR MULTIAXIAL CLASSIFICATION
   a. Axis I. Primary: ______________________________

   Secondary: ______________________________

   Tertiary: ______________________________

   b. Axis II. Primary: ______________________________

   Secondary: ______________________________

   c. Axis III. Primary: ______________________________

   Secondary: ______________________________

   Tertiary: ______________________________

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d. Axis IV. Psychosocial/Environmental:

____
____
____
____

e. Axis V. Highest GAF Past Year:___ Current GAF:___

87) Differential Diagnosis: ______________________________

____
____
____
____

R E C O M M E N D A T I O N S

88) Recommended level of care for individual'smental health status:
a. _ Acute psychiatric hospital
b. _ Psychiatric Health Facility (PFH)
If either item "c" or "d" is selected, provide M.H. Services data below, and consider # 89, below:
c. _ Special Treatment Program (STP)

----Mental Health Services-----	Recommended
1) None	_
2) Psychotropic medication education/monitoring	_
3) Independent medication management training	_
4) Individual psychotherapy	_
5) Group psychotherapy	_
6) Supportive Services	_
7) Family Therapy	_
8) Cognitive Behavioral Therapy	_
9) ADL training/reinforcement	_
10) Mental Health Rehabilitation activities	_
11) Substance Rehabilitation	_
12) Behavioral Modification program for: ______________________________	
13) Peer Counseling	_
14) Vocational Services	_
15) Educational Services	_
16) Other Recommended:______________________________	

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d. _ Skilled Nursing facility with mental health services to include, but not be limited to the following:

----Mental Health Services----- Recommended

1) None _
2) Psychotropic medication education/monitoring _
3) Independent medication management training _
4) Individual psychotherapy _
5) Group psychotherapy _
6) Supportive Services _
7) Family Therapy _
8) Cognitive Behavioral Therapy _
9) ADL training/reinforcement _
10) Mental Health Rehabilitation activities _
11) Substance Rehabilitation _
12) Behavioral Modification program for: ____
____
13) Day Treatment Intensive _
14) Day Treatment Rehabilitation _
15) Peer Counseling _
16) Vocational Services _
17) Educational Services _
18) Other Recommended:____
____

e. _ Intermediate Care Facility with mental health services to include, but not be limited to the following:

----Mental Health Services----- Recommended

1) None _
2) Psychotropic medication _
education/monitoring _
3) Independent medication management training _
4) Individual psychotherapy _
5) Group psychotherapy _
6) Supportive Services _
7) Family Therapy _
8) Cognitive Behavioral Therapy _
9) ADL training/reinforcement _
10) Mental Health Rehabilitation activities _
11) Substance Rehabilitation _
12) Behavioral Modification program for: ____
____
13) Day Treatment Intensive _
14) Day Treatment Rehabilitation _
15) Peer Counseling _
16) Vocational Services _
17) Educational Services _
18) Other Recommended:____
____

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If either item "f" or "g" is selected, provide M.H. services data below otherwise leave 1 thru15 blank

f. _ Residential Community Care Facilities

g. _ Other Community Placement:______________________________
with mental health services to include, but not be limited to the following:

----Mental Health Services-----	Recommended
1) None	_
2) Psychotropic medication education/monitoring	_
3) Individual psychotherapy	_
4) Group psychotherapy	_
5) Family Therapy	_
6) Cognitive Behavioral Therapy	_
7) Substance Rehabilitative services	_
8) Behavioral modification program for: ______________________________	_
9) Day Treatment Intensive	_
10) Day Treatment Rehabilitation	_
11) Consider referral for In-home Supportive Services (IHSS) Program:______________________	_
12) Peer Counseling	_
13) Vocational Services	_
14) Educational Services	_
15) Other: ______________________________	_

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C O M M U N I T Y   P L A C E M E N T   A L T E R N A T I V E S

Most of the services have been described in terms used by the Medi-Cal Program. Under the Medi-Cal Program, there are eligibility, authorization and service limits that treating professionals must consider. For individuals who are not Medi-Cal eligible, private insurance and other resources should be explored for the delivery of similar services.

89) Assess Potential for Alternative Placement(s) in the Community for Consideration by the Treating Professionals, when #88c Special Treatment Program (STP),#88d Nursing Facility (SNF)or #88e Intermediate Care Facility (ICF) Level of Care are recommended in item 88, above:

A. Placement Alternatives :

1) __ Private Residence (home, apartment, supported housing, assisted living or public housing)
2) __ Group Residence
   a. _ Social Rehabilitation Facility
   b. _ Adult Residential Facility
   c. _ Residential Care Facility for the Elderly
3) __ Physically accessible features needed: ____________________________
4) __ Other placements, comments, or conditions of note:
____
____

B. Community Support Services to Enhance Community Placements:

1) Specialty Mental Health Services
   a. _ Residential Treatment
   b. _ Day Treatment Intensive
   c. _ Day Rehabilitation
   d. _ Individual Mental Health Rehabilitation
   e. _ Group Mental Health Rehabilitation
   f. _ Targeted Case Management
   g. _ Medication Support Services
   h. _ Other services, comments, or conditions of note:
____
____
____
____

2) Medical Health Services
   a. _ Adult Day Health Care
   b. _ Home Health Services
   c. _ Durable Medical Equipment
   d. _ Physical/Occupational/Speech Therapies
   e. _ Other services, comments, or conditions of note:
____
____
____

3) Community Support Services

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a. _ Adult/Older Adult Systems of Care
b. _ Peer Support/Self-Help Services
c. _ In-Home Supportive Services (IHSS) residual program
d. _ Personal Care Services Program (PCSP)
e. _ Program of All-Inclusive Care for the Elderly (PACE)
f. _ Adult Day Care
g. _ Home-delivered and Congregate Meals for the Elderly
h. _ Respite Care Services
i. _ Vocational Rehabilitation for Employment
j. _ Independent Living Center
k. _ Other services, comments, or conditions of note:

____
____
____
____

4) Home and Community-Based Waiver Programs [to address needs identified in items 25-54]: (For persons who meet Nursing Facility Level of Care)

a. _ AIDS Waiver
b. _ Multi-Purpose Senior Services Program Waiver
c. _ Nursing Facility Waiver A/B Waiver
d. _ Nursing Facility Subacute Waiver
e. _ In-Home Medical Care Waiver (hospital level of care)
f. _ Other services, comments, or conditions of note:

____
____

DEPARTMENT OF MENTAL HEALTH
LEVEL II – PASRR

EVALUATION INFORMATION AND CERTIFICATION

90) a. Evaluation Start Time: __:__ (HH:MM)

b. Evaluation End Time : __:__ (HH:MM)

91) Level II Evaluator

a. Name: ____

b. Licensure: ________________

c. Date: __/__/____

92) Physical History and Examination Certification by Medical Director

a. Name: ____

b. Licensure: ________________

c. Date: __/__/____

93) Overall Certification by Quality Assurance Director

a. Name: ____

b. Licensure: ________________

c. Date: __/__/____

DMH 3-19-2004